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EDITORIAL COMMENT

IMPORTANT TO DELEGATES

As we close our pages, a telegraphic announcement of reduction of rates to San Francisco has been received by the secretary and is printed with her official announcements on another page. This is all the information which she is able to give at present, but delegates should note carefully where fuller information may be obtained and should inform themselves fully in regard to the advantages which are included in this special rate. Undoubtedly a much greater number will feel that they can afford to make the journey with this reduction of nearly forty dollars on railroad fare alone. Of course other expenses will remain as before estimated.

To those who are going west for the convention, there is an unusual opportunity for interesting side trips in the Superintendents' Meeting to take place in Cincinnati on April 22nd to 24th and in the Visiting Nurse Conference to be held in Chicago on April 25th. These stopovers will break the journey pleasantly, and will add very greatly to the professional advantages to be gained by the journey, with comparatively little additional cost.

From all the reports that are being received, and particularly from the announcements in *The California Nurses' Journal*, the meeting in San Francisco promises to be a most inspiring one. To people from the east or middle west, the visit to the Pacific slope would be of itself a most fascinating experience, but when one combines with this interest the advantages for social and professional pleasure which are provided, the opportunity is one which should be embraced by every nurse able to bear the expense. There would seem to be no other excuse for not going.

We want to emphasize here, for the benefit of those who are not sent officially, that the meetings are always open to nurses, that while one may not vote or take part in discussion unless a delegate, there is great inspiration in listening to the papers and discussions presented, and in meeting the members who represent every state in the Union.

We have given in the department of Practical Suggestions some additional hints for lunch baskets, which were sent in answer to our request of last month.

THE TREND OF AFFAIRS

Those of our readers who are interested in the broader lines of philanthropic work which concern nurses will read with intense interest Miss Dock's summing up of the struggle of Mrs. Caroline Bartlett Crane to establish better conditions for the sick and infirm in the almshouses of the state of Michigan. It seems like a return of the dark ages when such conditions as those revealed by Mrs. Crane are allowed to exist in the boasted civilization of the twentieth century. In a line with these revelations come the reports of the investigation of a boys' reformatory at Pontiac, Illinois, which show shocking brutality in the treatment of the young offenders by officials in charge. It was discovered centuries ago, and the truth is confirmed from time to time, that human nature cannot stand the test of irresponsible authority over weaker and dependent lives. There must always be a higher authority to hold in check the cruel animal spirit which so often breaks forth when one human being is wholly in the power of another.

Perhaps because more vigorous efforts by the humanitarian classes are being made at this time, the resistance on the part of politicians against legislation for decency and honesty is more conspicious. Governor Hughes' failure to remove Mr. Kelsey for incompetent administration of the New York insurance department is one of the marked instances of such political resistance. Undaunted by his failure, the governor, in an address given at the opening of the exposition of congestion of population in New York City, said that while the conditions shown in the exhibit are depressing, there is also an encouraging side, for its very existence shows that the public conscience is awakened and that people on all sides are taking up these questions of civic, industrial and social betterment. "Little by little," he said, "we shall do things."

We feel that what we call the retrograde movement in nursing is, in a measure, a part of this political resistance to a betterment of

conditions for the sick in our hospitals and to the improvement of the educational and industrial standards of trained nurses. We have reason to believe, from what we have been able to gather, that the return to the two years as announced by the Commissioner is of this character, and that back of the commissioner are certain medical men who represent the political and commercial faction of the medical profession. The hospitals concerned are the New York City and Metropolitan on Blackwell's Island, the Cumberland Street, and King's County, Brooklyn.

We realize that temporarily our training schools are likely to be divided into two distinct classes, those that give a thorough nursing education, with reasonable working hours and good living conditions in hospitals that recognize their educational as well as their philanthropic responsibilities, and those which use their training schools as a means of obtaining cheap service, continuing the long hours and unwholesome living conditions which with the inadequate force employed tend to break down the health of both superintendent and pupils, and consequently lower the standard of nursing care given the sick within their walls.

To the first class of schools women of education and culture who go into nursing from the highest motives will apply, while to the second grade will be attracted those of less intelligence, who cannot be received into the first class, or those who enter nursing from commercial motives. We cannot believe, however, that this condition is to be a permanent one.

It will be remembered that some years ago one of the most distinguished reformers in nursing work lost her reason and later her life, because of the goading of a former commissioner. Already two of the ablest superintendents in the state have resigned from schools in the reactionary class, one, we know, because of ill health brought on by just such persecution, and we believe after a few years' trial it will be found better economy for the New York City schools to place themselves among those of the first rank.

For the time being, we must be satisfied to hold to what we have as far as possible, and to exercise a more rigid discipline in the management of our nursing organizations, beginning with the local clubs and alumnæ associations, insisting upon womanly conduct and exemplary character as well as professional qualifications on the part of every member, safe-guarding in every way membership in our state and national organizations, that the central power may represent the very highest standards in nursing work.

It is through these organizations that the public is being educated, and that standards can be upheld. With our forces strengthened by such

measures, when the whole philanthropic movement goes forward more rapidly, we too shall begin again "to do things."

RED CROSS NURSING

SINCE the reorganization of the Red Cross Society of this country, the measures taken by it to gain public interest and support, and its plans for an extended and orderly branching of state and local societies have been such as to command the approbation of all well-informed persons. Up to the present time its attitude toward nursing has been intelligent, and its decision to ally itself only with a nursing personnel of proved competence and standing would, if persevered in, bring it in this regard, to the rank of Japan, and far ahead of many European nations, with some of whom the nursing service is the weakest part of the equipment. If, however, American nurses fail to respond to the appeals which are being sent through every state, and the Red Cross should decide to enroll untrained nurses or should be persuaded by well-meaning but uninformed advisers to establish amateur nursing classes, it would loose the confidence of well-trained women who have the interests of the sick at heart and would speedily fall into all the difficulties which now hamper the progress of some of the old-world societies.

Home nursing, or a knowledge of the primary duties in sickness, should without a doubt form a part of the preparation of every woman for home life. But it is surely not within the province of the Red Cross to teach this, any more than to conduct housekeeping classes or kindergartens. If the pupils of home nursing classes really study only for the home they can not be counted on to aid the Red Cross; if, on the contrary, they are to be looked upon as a reserve for the Red Cross, the latter, because driven to it, will be guilty of breaking down hard-won standards of excellence by entering upon the manufacture of a spurious product, and will thus range itself with the correspondence and short-term schools which already exist as a part of our national backsliding into imitation goods of all kinds.

It seems little short of stupidity for one country or set of people to repeat blindly all the errors or failures of other countries and other people. Intelligence should enable us to avoid the mistakes of others, and it was, in fact, the exercise of this watchful and informed intelligence that made the work of the Japanese Red Cross so brilliant and effective in its recent great test. Every mistake of other countries was avoided. Every good point was adopted or improved upon. We can hardly think

that the promotors of this scheme of teaching home nursing have any knowledge of the lessons taught by the Red Cross Societies of Europe. In many of these the nursing personnel is the weakest part of the equipment. Societies which instantly discard an old-fashioned stretcher or ambulance, and whose outfits of medical, surgical, and sanitary supplies are brought up to the highest point of perfection, have yet a nursing service forty or fifty years behind the times, and the reason for this is, in part, that they have made too much of the amateur, volunteer nurse. Their motive for so doing has been a lack of good trained material, owing to the general status of nursing. But this cannot be urged in the case of the American Red Cross. Among European nations those Red Cross Societies are the most effective which have taken their nursing most seriously and have aimed at the highest standards that their countries will support—these are, Germany, and the Scandinavian countries, where Red Cross training means a long and arduous hospital training.

None is less prominent than that of England. The English nurses are among the best in the world, and England has the finest military nursing service, but the Red Cross of England can muster only volunteers, some of whom were described by Dr. Treves in the South African War as a "plague of women."

In France, the Red Cross has developed amateur nursing classes which are a close approach to the theatrical, and so intelligent a man as Dr. Letulle now admits that much of the teaching thus given is an absurdity.

But nowhere in Europe, to our knowledge, is any sordid or mercenary element discernible among the amateur Red Cross nurses. Vanity, vainglory, and sentimentalism there may be, but these women do not attempt to earn their living as nurses, nor do their teachers profess to fit them for anything but the nursing of minor surgical cases. Far otherwise would it be in our commercial commonwealth, we fear, and our Red Cross, the symbol of humane relief, would be degraded to the level of our correspondence and short-term schools whose scholars hasten to defraud the public by pretending to be what they are not, and to have a knowledge that they have not. The glamour of the Red Cross tends to attract adventurers of both sexes. We have learned this by personal experience as well as by observation, and it is a fact that should be remembered and guarded against by the officers of the society. For this reason, if for no other, its nursing personnel should be most carefully limited to those who have been weighed in the balance and have not been found wanting.

The enrollment of nurses for Red Cross service, except in San Francisco, is distressingly slow. The conditions under which enrollment may take place were given in these pages in a recent issue, and we urge upon every woman who would wish to serve her country or her state in time of public calamity to see to it that her name is quickly entered upon this roll.

OCCUPATION

We all know the type of woman who becomes a household drudge, so engrossed in her sewing and her housework that she ceases to be a companionable wife or an inspiring mother. She is blind to the best interests of her family. This same type of woman appears in the nursing world, in the good painstaking woman who is devoted to her profession and who practices it so arduously that her mind gradually contracts into a narrow professional groove, and she ceases to be an interesting comrade to others or to have resources for her own delight. She hardly knows what to do with a vacation when one comes, for she is out of touch with the world about her.

Nurses have much to contend with, for they are more or less ostracized from the social life which flows about them. Those living in a strange city, either in permanent hospital positions or having a room in a boarding house and doing private duty, have almost no circle of friends. It is natural that many of them should resort to the theatre for the amusement they crave, and too much time and money are spent by nurses in this way. An occasional play of the best kind is a refreshing treat and is often an education, but it is a pity to make theatre-going one's only source of enjoyment. Sometimes public dances are resorted to as well, but we believe this to be rare, and surely no woman who has had a good home and proper up-bringing needs a caution against this form of diversion.

The nurse who has ever had any interests other than medical ones should cling to them with both hands, for she needs them.

A music teacher has related that her pupils often come to her with the longing remark: "Oh if I could only play as you do." Her reply is always the same: "If you really want to, you will." Is it not true of all of us that if we really want to keep up some of our old interests and tastes we may manage to do it, and the ingenuity required to fit them in adds spice to the game.

When some one says: "I used to play well, but I never touch the piano now, I do not have time," we know by her own confession that

she is not really at heart a musician. If she were, she could not keep away from the piano. Have you not known some pupil nurse who made the evenings sweet for her companions by her playing, and who kept herself in practice during her training-school days simply by improving the opportunities before her? She would manage occasionally to attend a concert; perhaps she was tired and it was hard to stay up late, but she was a better woman and a better nurse for having given her soul a chance to expand.

It is the same with reading. The woman who is interested in history in the making as given in the daily papers, will not let weeks go by without glancing at one, ignorant of what is happening outside the hospital. Perhaps she is an overburdened superintendent, but if such knowledge is really delightful to her she will have it, somehow, and she will inspire her associates to be better informed women, and will be able to set the example of not talking shop out of hours.

The woman who loves the best literature will find it, and will not feed continually on the short story of the magazine. Often in the houses of the uncultured she will find nothing to satisfy her longing but the complete works of William Shakespeare, in one bulky volume with impossible print. Oddly enough Shakespeare seems as much a part of household furnishing as the parlor sofa, though neither he or the family show evidence of intimate acquaintance with each other. It is a pity that so many women, after leaving school allow their weariness of body or mind to shut them away from books that they once enjoyed, thinking that when they have more leisure they will read something better than the Sunday paper. The chances are that they never will, one's taste so soon deteriorates and one's very understanding seems to dwindle.

The nurse who has the gift of sewing well will have with her always some work to pick up, not requiring too close attention, and when she comes home from a case what a good time awaits her in a regular dress-making bout.

Let us not be misunderstood, we are not commending the young woman who goes to care for a child and allows the nurse maid to do all the work while she studies up golf from a book she has brought with her; or the would-be musician who drives her patient distracted by playing badly at odd moments, or the excellent sewer who makes a whole shirt waist while her patient would like to be read to, but will not ask. We are advocating the use of time which really belongs to the nurse for pursuing occupations which will make life brighter for herself and will make her more companionable to her patients. To those with many

interests life does not seem long enough to accomplish all there is to do, and the doing is joyous.

THE ENFORCEMENT OF REGISTRATION REQUIREMENTS

SEVERAL instances of the illegal use of the R. N. have been brought to the attention of the president of the New York State Nurses' Association, who authorizes us to state that that association will proceed to investigate every such charge, and take such measures for the punishment of the offenders as the provision of the law allows. In making charges of this character, it is very necessary for those preferring such to be absolutely sure that they are right. There must be not only hearsay, but absolute evidence, which can be sustained in court.

We have received a number of communications during the year from nurses in different sections of the country who have signed themselves "G. N." One of these was a nurse holding a position in a private hospital, who was advised by the proprietor of that institution to add the G. N. to her signature, as he thought it added dignity to her position. There is no dignity attached to the letters G. N. that we know of, and nurses using such letters are showing the desire to be ranked with registered nurses, when they are either not eligible for registration or are unwilling to submit to the conditions.

CONTRIBUTIONS FROM PRIVATE DUTY NURSES

Two months ago we commented in these pages upon the fact that we were receiving very few contributions of any kind from nurses engaged in the field of private duty. This seems to have aroused the pride of many of our readers who have, in the numerous contributions sent us since, demonstrated that our criticism was unfair. Evidently it was not lack of ideas, but timidity as to their ability to put them in shape for publication, which caused their silence. The awakening has been most encouraging.

We have evidence almost every day, in letters that come to us, of a cordial interest in the JOURNAL'S welfare which seems to be almost universal.

A MODERN LAUNDRY

By CLARA D. NOYES

Graduate of Johns Hopkins Hospital; Superintendent of St. Luke's Hospital, New Bedford, Mass.

THE new laundry at St. Luke's Hospital, New Bedford, Massachusetts, was completed and ready for use March 1, 1907.

A description of this building and its working methods may be of some assistance to the busy superintendent of the smaller hospital, who is perhaps interested in a new building or the reorganization of an old laundry.

Lest we be accused of extravagance, I should like to explain that we were anxious to erect a building at as small a cost as possible, yet at the same time preserve our standards in all directions as to substantial and durable construction and simplicity in arrangement and equipment.

To provide for the future growth of the hospital, the building was planned amply large, sixty feet long by forty wide. The frame is of iron, the walls, best quality Dover river brick, roof of slate and all conductors are of copper. The inside walls and partitions are of white enamelled brick, the ceiling of hard pine painted with four coats of white with a final coat of enamel. The floors are granolithic, doors and window sashes and all frames and woodwork of ash, varnished, door knobs of glass. All pipes are covered, painted white, and bound with brass strips. The windows are numerous and large, all are screened and provided with inside shades of dark green.

The bright, clean, airy appearance furnished by this white interior, and abundant light and sunshine would satisfy the most æsthetic taste, while an opportunity to see dirt and remove it easily is thus afforded. The hose is used, in conjunction with a long handled brush, about once a month, on these walls, keeping them sweet and clean.

Although the expense of putting in white enamelled brick partitions and walls is quite large, the results are well worth the additional outlay and in the end is more economical, as it does away with the frequent painting, breaking of plaster and difficult and expensive cleaning of walls.

The building is entered by means of a granolithic incline; this allows the laundry cart to be pushed into the building for loading and unloading. The front door, which is a large double one, opens into an entry. On the right is a receiving room for soiled linen, at the side of

this room is a half partition which is also divided, one end furnishing a closet for brooms, brushes, etc., the other a toilet and dressing room fitted with set bowl, closet and hooks. This room is lighted by two large windows and communicates directly with the wash room, which is twenty-two by forty-five feet, lighted by four large windows with side lights and transoms, height of ceiling is fifteen feet.

On the left of the entry is the sorting room for clean linen, with counter for folding, and individual, hard-wood, open compartments for the nurses, doctors and help. These are furnished with name plates into which a card can easily be placed. This room opens into the ironing room, which is fifteen by forty-five feet. At the rear end of this ironing room is a door leading into a large drying ground by means of an incline.

EQUIPMENT

The receiving room is fitted with two large boxes with hinged covers; these are very useful for storing linen tidily, although no soiled linen is ever left over night in this room.

The toilet room, which is part of this room, is very essential and should be sufficiently large to allow the help comfortable dressing quarters, as many of them live outside the hospital. The broom closet is also important. I personally prefer a closet of this description rather than one built into the walls, which is usually dark and hard to keep clean.

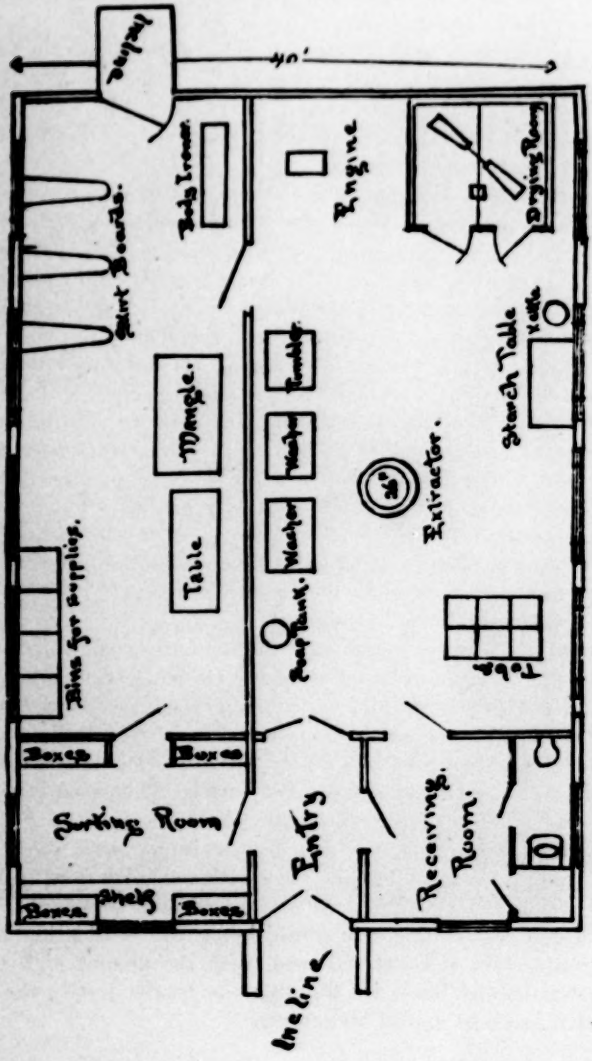
Wash room.—The arrangement and equipment of this room is very important as here the heaviest work of the laundry is done, and a convenient arrangement of machinery is necessary. I give a list of our machinery which we find satisfactory:

Two (2) washers, wooden, one hundred (100) shirt capacity.
One (1) tumbler or shaker.
One (1) twenty-six (26) inch extractor.
Two (2) dryers.
One (1) engine, twelve (12) horse power, horizontal.
One (1) starch kettle, steam jacketed.
One (1) starch table, zinc top.
One (1) soap-tank, copper, forty (40) gallons capacity.
Six (6) white, porcelain set tubs (four would be sufficient).
One (1) clock, large wall.
One (1) truck, hard-wood, for transporting wet goods.
Two (2) clothes baskets, ten (10) bushel, fitted with trucks.
Two (2) wall closets, hard-wood, for engine supplies and storing blue, measuring glasses, pails, dippers, etc.

Fig. 1.

LAUNDRY
St. Luke's Hospital, New Bedford, Mass.

Several clothes horses of special design, with ball bearing wheels. These may be seen in cut of ironing room; they are very strong, easily moved, roomy, and were made at a cost of twelve dollars and sixty-six cents each.



The washers are placed in a depression fitted with central drains sufficiently far from the wall to allow an individual to pass easily back of them; this brings the over-head shafting well out and makes it comparatively easy to keep both walls and machinery clean. The set tubs are placed back to back across the end of the room at least four feet from walls at end and side.

The engine is accessible from all sides and sufficiently far from walls to prevent spattering; and to prevent the floor from becoming oily, rubber matting is neatly fitted around the engine. The extractor stands in the middle of the room between the two washers. The tumbler is on a line with the two washers.

The dryer is a sectional cabinet room, fitted with steam coil and fan, lined throughout with asbestos and galvanized metal with four portable trucks. The advantages of this style of dry room are very apparent. It occupies very little floor space, is easily kept clean, economical to operate and owing to the rapidity with which goods are dried, a large amount of work can be handled in a short space of time.

The tumbler is a very useful feature. Its value does not seem to me to be fully known in the average wash-room. The goods come from the extractor in hard masses requiring time and strength to shake out if done by hand; thrown into a tumbler, they are well shaken out in a few minutes without injury and at a great saving of strength. After leaving the tumbler the goods are ready for sorting for the mangle or dryer, as the case may be.

The ironing room is fitted with the following machinery:

One (1) sixty-four (64) inch mangle.

One (1) body ironer, gas-heated.

Three (3) ironing boards with individual gas stoves.

One (1) large, substantial table for receiving clean linen.

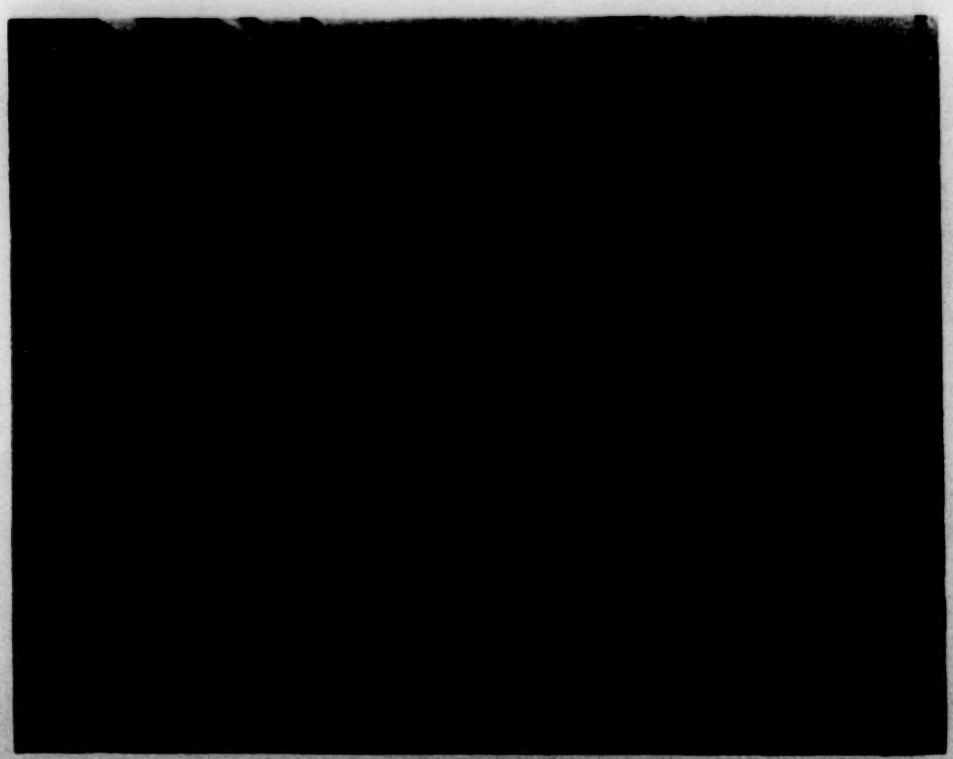
Four (4) hard-wood bins, with hinge covers for starch, soapchips, and Wyandotte soda; capacity of each, one barrel.

These bins furnish a much neater way of storing supplies than that afforded by closets taking in the whole barrel. This room is also fitted with a blower for mixing air with gas.

The door at the rear or west end opens into a large, sunny drying-yard surrounded with a lattice fence with a cinder floor. As much outside drying as possible is done here in pleasant weather.

The cost of building was considerable, but considering the high grade construction and material used, with the present high prices of such materials, and labor, we feel that the results justify the expense and that it has been a good investment.

Fig. 2.



WASH ROOM
St. Luke's Hospital, New Bedford, Mass.

I am glad to be able to give the actual figures, which are as follows:

Carpentering and building	$9,541.00
Plumbing	1,800.00
Heating (steam fitting)	1,130.50
Electrical work	115.00
Electrical fixtures	34.80
Gas piping	71.00
Concrete flooring	821.00
Hardware	66.25
Machinery	1,826.00
Screens	98.00
Furniture	114.00
Total	$15,618.06

The lighting is by electricity, the heating by steam, which is supplied for the engine and mangle from the central heating plant, a distance of two hundred (200) feet. A gauge conspicuously placed on the wall tells the exact number of pounds being supplied. The cost of digging the trenches is included in the figures for steam-fitting.

The body ironer and hand irons are heated by gas and air. The building is in communication with all parts of the hospital by means of a telephone.

A two-wheel push-cart is used for transporting the linen to and from the hospital. In stormy weather the baskets are covered with pieces of rubber sheeting.

Returning to the cost of the building. Many small hospitals could hardly afford to put so much money into a laundry. This building could be considerably modified as to cost. Cheaper building materials could be used, the size reduced, as every foot of outside walls increases the cost considerably, plastered walls introduced, etc. I should recommend, however, that wooden floors and sheathed walls should never be used in a laundry; the reasons for this are so apparent it is hardly necessary to mention them.

At the present time this laundry handles five thousand (5,000) pieces weekly, it is capable of more than doubling the work without additional machinery, as many days the washers are not in operation more than three hours. Three employees do all the work for a daily average household of one hundred and twenty-seven (127) (30 nurses, 5 officers, 22 domestics and 70 patients). It was our custom formerly to allow the employees throughout the hospital to do their own laundry work, a special time being arranged for them. Since opening this new laundry I determined to change this system and have all their work

done for them. This has been a most satisfactory arrangement, there now being no excuse for the house help loitering around the building.

The laundry force consists of three persons, one man and two women: these are fed by the hospital, but live outside. The man transports all the linen, soiled and clean, looks after the engine (consequently he must be a licensed fireman) and machinery, keeping them clean and making repairs. He does all the washing, and extracting, works on body ironer and mangle, and cleans the windows, walls, and floors. The two women sort the linen, work on body ironer and mangle and do all the hand ironing, keep the ironing, sorting and dressing rooms tidy. We employ only the best of laundry help, pay them good wages and expect to get good work. A man who is required to do the work mentioned must be intelligent, honest and trustworthy. If we get these virtues we must expect to compensate accordingly. Cheap, unreliable laundry help is in the end very extravagant. The women we employ must come up to the same standard.

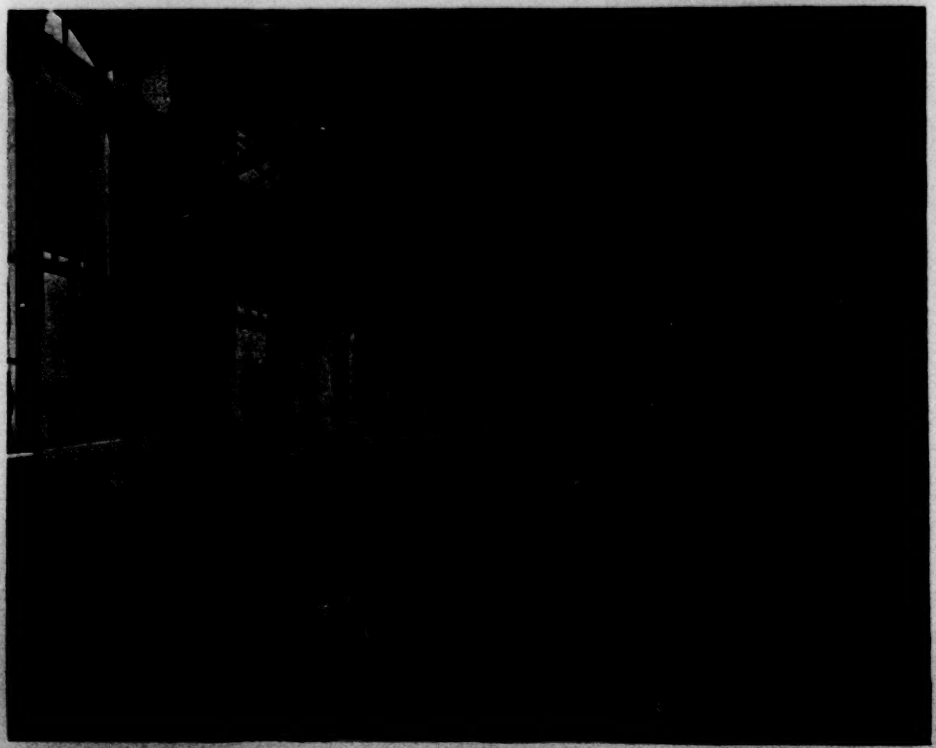
It will be noticed that we put in a sixty-four inch mangle instead of a one hundred inch. This was intentional, as the latter requires four people to manage it while the former requires only two, one on each side. The one hundred inch is very expensive to clothe and to run, it therefore seemed wiser to use the smaller mangle until we were obliged to increase our laundry force.

The nurses' clothing is listed and sent to the laundry in bags, these are sorted and checked off twice by a pupil nurse before and after laundering, making them up finally into bundles ready for delivery. Since the introduction of this system, there has been no difficulty with the lost and unmarked linen question.

To conduct a laundry economically and satisfactorily should be the aim of every individual who is responsible for this department of the hospital work. To accomplish this work, a careful system must prevail, special days must be arranged for washing nurses' body and bed linen, for table linen, flannels, help's linen, gauze, bandages, etc., and as great care should be exercised in the return of the same; ward linen sent one day should be delivered the next, and never allowed to accumulate in the laundry.

Special rules should be printed and framed, governing the care of the laundry, control of visitors, etc. Careful oversight should be given to the use of supplies of all kinds and all avenues of waste and extravagance checked at once. The careful use and careless abuse of the machinery should be taught and investigated continually. The cost of operating a laundry is considerable even with the closest and most care-

FIG. 3.



IRONING ROOM
St. Luke's Hospital, New Bedford, Mass.

ful economy. Steam, water, supplies and repairs all count up in the most appalling manner. Whether it is more economical to conduct your own laundry or send your soiled linen to a commercial laundry, is a question I am not prepared to answer. The very limited experience I have had in that direction has not been very encouraging and the results we have obtained from our own laundry have been exceedingly satisfactory. We pay our laundry help ninety-seven dollars per month, laundry man fifty dollars, one laundress twenty-seven dollars, one twenty dollars. These figures may seem high, but as I have no housekeeper to oversee the laundry work, I must depend upon the help to do honest work with such daily supervision as I can afford to give, and it would be out of the question to employ ignorant, unreliable help.

All the sorting is done by these three; torn linen, up to a certain point, is delivered in the sewing room. They begin work at seven A.M. and leave when the day's work is finished; on Saturday they usually leave by two P.M. and don't return to the hospital until Monday morning. They are obliged to leave the laundry tidy, linen sorted and packed ready to deliver at seven A.M., before they leave the building. Saturday morning, a thorough cleaning is given the entire place.

I have gone into details, hoping that by so doing, I should be of some real assistance to the superintendent who is struggling with the laundry question. I do not claim that our system or building is the best, but I find the greatest benefit in studying prevailing methods in other institutions, consequently I have not hesitated to describe our modest plant and its working system.

For further details as to washing, mangling, and practical laundry work in operation here, I should like to refer the reader to my paper read before the Superintendents of Training Schools in April, 1906, and afterwards printed in THE AMERICAN JOURNAL OF NURSING for July of that year.

AN INOFFENSIVE LIGHT.—*The Medical Record,* quoting from *The Nurses' Journal of the Pacific Coast,* says: A convenient night-light for a sick room in a country house in which there is neither gas nor electricity may be improvised by hanging a lantern from a hook screwed into the bottom of an upper window sash on the outside. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.

THE CRUSADE FOR ALMSHOUSE NURSING

By L. L. DOCK

Those of our members who are interested in the almshouse crusade will follow with sympathy the valiant fight now being carried on in Michigan; and others, perhaps not yet awake to it, will become stirred by the knowledge of the conditions that may be found in our supposedly civilized land.

In the middle of January last a committee of tax-paying citizens, accompanied by a visiting nurse and headed by Mrs. Caroline Bartlett Crane, visited the county almshouse of Kalamazoo, and drew up a unanimous report of what they found. The report, as to the condition and care of the sick ran as follows:

1. The sick and the relatively well intermingled, to the discomfort and danger of both.

2. No records kept of treatment of sick. No records of visits by physician. It seems evident that the physician usually calls but about once a week, and, with a yearly salary of one hundred dollars, with seventy-five inmates, most of them sick, the medical attention is, in our opinion, entirely inadequate.

3. No notification to keeper or matron of diseased condition of persons becoming inmates.

4. Large number (probably fourteen) of men, sick and well, crowded together in one side of unsanitary basement, lacking in means of ventilation; one man apparently very ill, in a room removed by another room from the hall, and the small high window stopped with paper or rags so it could not be used for ventilation. All the windows small, and five feet or more from the floor. No window boards anywhere in the institution to prevent direct drafts on beds in case windows were opened. The testimony is that they are not opened at night.

5. A man, apparently very ill with consumption, coughing and raising quantities of sputum, found in a windowless room off of the basement hall, which room is totally dark and without any means of ventilation. This room is painted a dark stone color, and is called "the jail." The man was said to be there because there was no room elsewhere for him.

6. Another aged man in room adjoining, whose only light came from a small window letting into a storm-door inclosure, the door opening, however, into a non-communicating part of the house.

7. No night clothes for any of the men inmates, whether sick or well; they sleep in their underclothing.

8. No attention paid to sick diet.

9. Inmates, whether sick or well, using same filthy roller towel.

10. Total lack of nursing care for cure of disease, alleviation of suffering and for prevention of sickness by contagion and from unsanitary conditions in general.

11. Sick woman locked into remote room, day and night, where it would be difficult or impossible, at least at night, to summon any help.

12. We hold that all of these conditions are unnecessary and that many of them are cruel. This is the more the case since there are several unoccupied beds in sanitary and commodious rooms on the second floor of the institution, where a hospital, with a nurse in charge, might give the sick humane and curative care, while relieving the well of the dangers of constant daily association with them.

The conditions as to the well were equally open to criticism, but for lack of space I will omit that part of the report and quote "As to Children in the Almshouse."

1. Four children were found in the almshouse. It appears that one girl who was sent there last October, a few days before her 13th birthday, has like other children, not been allowed to go out of doors, but has, until about two weeks ago, worked in the basement washing dishes and doing other work, where men inmates are in the constant vicinity. This girl was pregnant on coming to the almshouse, and was sent there because she had a venereal disease. Upstairs she was in unrestrained companionship with the other children, as well as with the older women.

2. The visiting nurse reported the heads of the children and of some of the adults to be infested with lice.

The report then considered the general administration, and concluded by requesting an inquiry into the whole management. As certain political interests were keenly rapped by these justifiable criticisms, the politicians in question attacked Mrs. Crane virulently in the public press, hoping by personal abuse to turn her attention or discredit her. At first, the daily papers, the respectable citizens, and even the clergy, were disposed to remain neutral, but this fearless reformer carried the truth to the public ear so determinedly that their neutrality was overcome. A month later, the controversy still being heated, she explained in detail many of the faults of administration in a public letter to the *Gazette* (February 8) and told the distressing story of the little girl, as follows:

As to the children at the county farm, Mr. Koster says: "We all know it is no place for them, but we can do nothing else, there being no other place to send them under present laws. If there was, our county agent, Mr. Merrell, would see that they were sent there. I wonder if Mrs. Crane would consent to take one of them into her home and care for her until some place could be provided."

Mr. Koster knows that, at the last meeting of the board of supervisors, both Mr. Merrell and myself appeared to call attention to the section of the juvenile court law commanding boards of supervisors in each county in this state, within

ninety days after the law went into effect, to provide and maintain, at public expense, a suitable place of detention, separate from the jail, "located both for convenience of court work and with a view to the healthful physical and moral environment of all children within the provisions of this act." The law further provides that such a place of detention shall be in charge of a matron or other person capable and of good moral character. There is another section of this law which provides that any diseased child within the provisions of the juvenile court law shall be sent for treatment to a hospital, at county expense.

In the light of these facts, it hardly seems that the duty of providing a place for these children rests more heavily on Mrs. Crane than on the board of supervisors, or even the chairman himself. At least it cannot be said that she is to-day in open violation of the law in not having provided a proper place for such children.

However, I did offer to do much better than to take one of these unfortunate children into my home. It was the little girl whose case was described in the committee report above.

I first heard of this girl when she was still confined in jail, and, learning that there was a likelihood of her being taken to the poorhouse, I at once wrote to Professor Cowie of the medical department of Michigan university, asking if it would not be possible to admit her to the free children's ward of the University hospital for treatment of her disease, with the understanding that if she proved to be pregnant, also (the matter being at this time in some doubt), she could be transferred to the maternity ward of the hospital. I have the letter of Professor Cowie saying that the girl might be sent at once.

I immediately informed both the county agent, and one of the poor superintendents, that the girl could be sent to the University hospital. The superintendent of the poor said that the child had not yet been turned over to his care, but that he thought it would be a good plan for her to go to Ann Arbor, and that I might speak to Dr. Shillito, county physician, about it, and if he approved, it would be all right as far as he was concerned. I immediately consulted Dr. Shillito who gave his heartiest approval of the child's being sent to Ann Arbor. I even offered, since I was about to go to Ann Arbor, to take this child myself, without any expense to the county, and see her safely into the hospital, if this would help to get her there.

The next I knew, a few days afterwards, the girl was in the poorhouse, where she has remained since the first week in October, never having been permitted to go out of doors in all that time. When I asked the poor superintendent why he did not send the child to the hospital at Ann Arbor after she was turned over to his care by County Agent Merrell, he said:

"Why, Mrs. Crane, she wasn't fit to go to a hospital. You don't know what a bad girl she is." Apparently she was not thought unfit, morally or physically, to associate freely with all the other children there, or to be in constant daily contact with the men in and about the basement kitchen. It would seem that this child was, in effect, sentenced without trial to the poorhouse because of her alleged character. Perhaps I am in error in holding that our poorhouse is not a penal institution!

Justice compels me to say that I do not regard the poor superintendent as alone responsible, yet it was clearly in his power to have sent this poor wronged child to a hospital, and he chose to send her to the poorhouse instead. It did not seem to me that any little girl whom life has used so terribly, is to be con-

damned as "bad," and denied all opportunity and incentive to be better. I know that when I spoke a few kind words to her that day at the poorhouse, she threw her arms around my neck and sobbed, and tried to tell me something which showed that she was not past being reached by good influences, such as would have been thrown around her in the University hospital. There, no one's estimate of her character would have stood in the way of the best help the state could have given a child so terribly sinned against as she had been, and then consigned to the tender mercies of jail and poorhouse.

This child stated, to our visiting nurse, that she had never had any medical treatment whatever since she had been in the almshouse, where she was sent because she could not enter a state juvenile institution until she was cured!

Conditions such as these go far to show why women—intelligent and able women, not servile ones, should have, not only *positions* in such institutions, but a share of *power,* so that these evils, all of which lie strictly in the sphere of *housekeeping* and *nursing,*—two spheres which have always been lauded as women's own—might not occur. How I wish that our women's eyes everywhere might be opened to realize that only by possessing their rightful share of our municipal and state and national government can they ever hope to claim their right and their duty of carrying the standards of good homes into public institutions. What selfishness to think only of one's *own* home! Well might Mrs. Crane entitle one of her public talks *"The Wrong of Minding One's Own Business."*

LESSONS IN DIETETICS

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois

(Continued from page 448)

THEA, TEA

Tea was introduced into Europe by the Dutch East India Company in 1610. On account of its high price, it was used sparingly at first, but as it has been grown more cheaply, its use has been greatly increased. Until 1862, tea was mostly obtained from China, but it is now grown in Japan, Ceylon and North Carolina as well. Its use in this country has been estimated to reach six pounds annually, per person. The plant flushes, or sends out young shoots, four times in the year, and is picked at each flush. In China and Japan the best tea is obtained from the first flushing, but in India and Ceylon this is not the case. The

different varieties of tea are named from the different leaves from which it is produced. The upper leaf is known as the pekoe which is the most choice; the lower leaves have different names and are less choice.

The treatment of the leaves after being picked varies according to the kind of tea to be produced, black or green. For the production of black tea, the leaves are withered in the sun, then rolled till they become soft and mashy, the object of this being to break up the fibre and cells of the leaf and liberate the constituents, so that they are afterwards more easily extracted. They are then made into balls and allowed to ferment. During the process of fermentation, some of the tannic acid in the leaves appears to be oxidized and converted into less soluble forms, while more essential oils seem to be produced and a certain amount of bitterness developed. After fermentation is complete, the leaves are oven dried, and then fired in a furnace.

For the production of green tea, the fresh leaves are withered in hot pans at a temperature of one hundred and sixty degrees F. (Chinese method), or steamed (Japanese method); then rolled to break them up and liberate their juices; then withered again, sweated in bags, and finally submitted to a prolonged and slow roasting.

On an average, one may say that the proportions of the active ingredients in ordinary teas are as follows:

Caffeine	2–4 per cent.
Tannic acid	10–12 per cent.
Volatile oil	½ per cent.

If tea is infused for five minutes in the usual way about twenty-five per cent. of the weight of the leaf goes into solution. In the ordinary cupful of tea, is found about fifteen grains of solid matter. The caffeine is so soluble that it is practically all dissolved out of the leaf immediately infusion has begun. This is not the case with the tannic acid. There is, certainly, less tannic acid after three minutes infusion than after five and less after five than after ten; but beyond that one does not find much increase, for by that time practically the whole of the soluble matters have been extracted from the leaf.

The addition of milk or cream is to be commended on hygienic grounds, for the albuminous matter of the milk tends to throw down some of the tannic acid of the tea in an insoluble form. Sugar does not in any way increase the healthfulness of the beverage but adds considerably to its nutritive value. All second brews should be avoided.

COFFEE

Coffee was introduced into this country in 1652. It is derived from Caffoea Arabica, originally produced, as the name implies, in Arabia, but now cultivated in many tropical countries. The plant produces three harvests annually, the fruit resembling a cherry, in which the coffee bean corresponds to the stone. The bean consists of two halves placed face to face and enclosed in a husk. The pulp is softened by fermentation and removed, and the beans, still enclosed in their husk, are dried in the air. The husk is separated by rolling and the beans are then separated from the delicate parchment-like skin which covers them, and are assorted according to size.

The common varieties are: Mocha, Myson, Ceylon, Costa Rica, Java, and Brazil.

In order to prepare the beverage, the berries must first be roasted. The chief physical change which results from roasting is that the berries are rendered brittle and can now be ground. Chemically, they lose from thirteen to twenty per cent. of their weight, mostly moisture, caffeine and fat. The most important substance produced in the coffee by roasting is an oil, caffeol, to which the aroma of coffee is due. The ground coffee bean is used in the making of the infusion which is used as a beverage. From twenty-five to thirty-five per cent. of the coffee used in making the infusion goes into solution. Coffee may be adulterated, when sold as ground coffee, with roasted and ground beans or with chickory, the root of the wild endive, kiln dried and broken. The secret of having good coffee is to make it strong and to make it hot. Three parts of milk to one of coffee is about the proper proportion of *cafe au lait*.

Coffee is used as as a diuretic, a heart or brain stimulant and a stomachic. It is valuable in the treatment of opium-poisoning. Taken in excess, coffee will cause dyspepsia, nervousness, wakefulness, muscular tremors and palpitation of the heart. Coffee owes its activity to its alkaloid, caffeine, which is identical with thein, the alkaloid of tea.

(*To be continued.*)

Corrosive Sublimate.—It is said that much less pain is caused by solutions of bichloride of mercury when applied to mucous or raw surfaces if they are made up with normal salt solution instead of water.

THE CARE OF AN INCUBATOR BABY

By JESSIE FORSYTHE CHRISTIE

Graduate of the Illinois Training School

THE care of premature infants is the most interesting, absorbing and gratifying work a nurse can find to do. An article * has already been written on the care of a premature baby at birth, so I will only speak of it after it has been put into the incubator.

There are several incubators which can be rented for use in the home, but I have found that unless the child can be taken to an incubator station, a large clothes basket, lined with hot water bottles and placed in a room which must be kept at an even temperature, answers as well as those which can be rented.

The temperature of the incubator must be regulated to suit the conditions of the child; 89° to 90° is usual, but if the child is in poor condition and has a subnormal temperature the incubator may be warmer. As the child gains, the temperature is gradually reduced.

An incubator to be successful must have a continual supply of warm, fresh air from the outside which has been freed from impurities and moistened. The infant requires careful and constant watching, but should be handled as little as possible, the greatest care being taken not to jolt or jerk the wee mite, as the slightest shock might cause a cyanotic attack.

The baby is clothed in a soft woolen shirt and a loose woolen dress, the diaper is pinned on very loosely and great care must be taken to avoid wrinkles or ridges in the clothing under its back. One wrinkle is sometimes sufficient to stop the circulation.

It should be oiled daily with pure benzoinated lard, the first few days without removing its clothes or taking it from the incubator, but as its condition improves this may be done quickly in a warm room on the nurse's lap. After the first two weeks a hot dip can generally be given every day until the child is strong enough for the usual bath.

Mother's milk is the only food for premature infants and must be obtained. The amount given is regulated by the size and condition of the child. If the baby can suck and swallow a tiny bottle and nipple can be used; if it can swallow but is unable to suck, it must be fed with a medicine dropper. If it can neither suck or swallow, or if doing so

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causes exhaustion, it must be fed by lavage, using a small soft rubber catheter for a stomach tube, attached to a small funnel.

If this method is used, great care must be exercised and of course the infant must be removed from the incubator and placed on the nurse's lap for the feeding.

If mother's milk is unobtainable, whey can sometimes be used for a few days.

Cyanotic attacks or blue spells occur very frequently. They are caused by insufficient feeding, overfeeding, indigestion, choking, and exhaustion, hence the need of constant watching. The child just stops breathing, turns blue, and unless immediate help can be given may die. Artificial respiration should be started at once; while this is being done a hot bath should be prepared, and if the child has not started to breathe, a hot dip given.

The intestinal tract needs constant attention. Normal salt flushings are useful for cleansing and stimulating purposes.

The temperature of the infant should be taken every four hours, a rise of temperature may be caused by the incubator being too hot, by insufficient feeding or irritation of the bowels.

The time of removal from the incubator depends upon the growth and development of the child. It should always be done gradually.

A PLAN SUGGESTED FOR PROVIDING SKILLED NURSING FOR THOSE OF MODERATE MEANS

By JENNIE M. WALTERS

[The following paper was read at a meeting of the Graduate Registered Nurses' Association of the County of Kings, by Miss Walters, chairman of a committee which had been appointed to investigate the best means of nursing those unable to employ trained nurses at full rates, and is the result of the study devoted to the subject by that committee. Ed.]

The question, as we understand it, is how can we provide skilled nurses for the middle classes, who cannot afford the regular nurse's fee? At present they must accept the charity of some kind-hearted nurse who will either give her time and service free, or will work for less than the regular rates which, when analyzed, is a form of charity.

I will not take your time to go into the details of the many inquiries we have made of the numerous visiting associations. We found these without exception to be more or less of a charitable nature. We have tried to devise a plan for an organization whose object should not be

to dispense charity, but a plan whereby the nurse should have occasion to feel well paid for her services, and the family would be able to feel that they were not dependent upon charity.

We would advise starting a home or headquarters which, in many respects, would resemble the settlement homes with which many of us are familiar, a house which would accommodate eight or ten nurses to begin with and which would be in charge of a Chief Nurse or Supervisor. We will consider that for such a house, the rent would be about fifty dollars per month. The heating and lighting would average about six dollars per month. The salary of the head nurse would be sixty dollars per month and room rent, and the salary of the eight nurses fifty dollars and room rent, making a total of five hundred and sixteen dollars per month. Perhaps a salary of fifty dollars sounds very small, but after talking the matter over with several nurses, I find that a great number would gladly accept that amount for such work, knowing that it would be a regular income, whether employed or not, and that the hours of duty should never exceed twelve hours daily. The plan of providing meals used by the Henry Street Settlement of New York, suggests itself favorably. A cook is hired, and the catering is done by the head nurse, the expense being divided equally among the nurses monthly. The duty of the head nurse should be to make arrangements for the calls, all calls to come through the physicians, thus making it possible to more carefully inquire into the financial condition of the family, and preventing those able to pay full rates, from taking advantage of this organization. She should assign the cases to the nurses, arrange their hours, etc. For a nurse's services, not to exceed twelve hours daily, a charge of sixteen dollars to twenty-one dollars per week should be made. For nursing by the hour, such as dressings, operations, baths, etc., a charge of one dollar for the first hour, fifty cents for the second hour, and twenty-five cents for each succeeding hour should be made. Suppose that six of the eight nurses were continually employed at the minimum charge of sixteen dollars per week, the income from that source would amount to three hundred and eighty-four dollars per month, and if the remaining two nurses, doing hourly nursing, were employed for four hours daily, this would amount to about one hundred and fifty dollars per month, a total of five hundred and thirty-four dollars monthly. You will remember that the total monthly expense as estimated, was five hundred and sixteen dollars or eighteen dollars less than the estimated income. Of course this is reckoning very closely but we believe that in many cases, more than the minimum charge could be made, and so increase the income.

Another plan which might be adopted, is having a loan account. This might be started and even maintained by subscription, and its object be the following. In cases where a family found it necessary to have, for the time being, a second nurse, and could not at once pay for the same, a loan for that nurse's fee, might be made to the family and paid to the organization, allowing the family to repay when possible at some future time. There are many other ideas, that might later be developed, such as a renting closet, which would take the place of the loan closet of the visiting nurse associations. Here could be kept a supply of articles that could be easily sterilized, such as blankets, sheets, water bags, douche bags, etc., and even gowns might be rented for a small sum and so add to the income of the Association, and save the family the expense of buying the otherwise unneeded supply. The plan which we have tried to roughly outline seemed to the Committee, a feasible one, which, with the help and backing in the beginning of any one of our nurses' associations, might become almost immediately self-supporting, and fill in our city a long felt and great need.

THE PIONEERS OF THE NEW YORK HOSPITAL TRAINING SCHOOL

By ADELE M. HODGSON

Graduate of the New York Hospital Training School

Before we speak of ourselves, we must, for one moment, think of Florence Nightingale, the first and best and greatest of all pioneer nurses, in memory of whose services in the Crimean war, the first Training School, The Nightingale, was founded in England to begin the systematic training of women. In this country the first schools were founded in Boston and New York in 1872–1873, and our school at the New York Hospital, on West Fifteenth Street, followed in 1877. We may therefore claim a place among the pioneers.

The word defined means—one who clears the way for others, and suggests hardships and trials, calling for fortitude, energy, patience and perseverance. On that score I do not think the classes of 1879–80 can command extreme veneration or awesome respect. The way, as you see, had been cleared for us. The old New York Hospital had given place to the beautiful new building. The Governors had fully decided to have a school for gentlewomen of education, culture and good repute, who should also do the very practical work, while being instructed personally by physicians and surgeons, and a competent graduate nurse. We were

much admired, and we admired ourselves exceedingly. We met with much consideration and were not backward in making our wants and grievances known. In fact we each felt called upon to take a hand and have a voice in getting the school in running order, and at the end of three months we were ready to request the removal of the old experienced nurses retained for our benefit, feeling rebellious against them, and in our self-confidence quite capable of taking their place. It was, I am sure you will quickly see, a case of "fools rushing in" where wiser ones would count the cost. And *then* our real trials *did* come.

Two experienced women were retained for head nurses, and the widows and older ones were put in charge of the wards. Work, study, and the anxiety of responsibility began in earnest. Some of us were very young in years, fresh from country homes, knowing absolutely nothing whatever of pain and sickness. In fact without any true conception of life anyway. Utterly ignorant of the wonderful anatomy of the human frame or of physiology, we were thrust into positions of authority and responsibility, without the gradual preparation which you all receive now; without the calm, sure self-confidence which comes from helping and watching others first.

We had a term of only eighteen months, in which, while working far beyond our strength, in this new exciting, absorbing field of labor, we were expected to absorb the necessary knowledge of anatomy, physiology, and circulation, with all the science of the care of sick and injured men, and women and children, and administration of remedies added.

We were crammed with lessons and lectures at all hours, and every day. For recreation we dissected ox-eyes, cats, rats, and bandaged the convalescing patients. In addition, some of us took a course in chemistry at Cooper's Institute evenings, the Governors employing the Broadway stages to transport us. What a blessing it has been to those that came after us, that one of the graduates came back to say we must have two years in which to study, and prepare for such grave responsibilities, and, after a time, to say we must have *three* years, and more personal instruction.

You cannot wonder that many pupils were worn out by this desperate straining for rapid accumulation of exhaustive experience and knowledge, and by that our successors have profited.

While we did not have the beautiful home, with luxurious suites of rooms, reception parlors, lecture-room, and spacious dining-room, we were contented; looking forward to the work we were to do outside, and we had many a pleasant meeting together for a quiet talk, and singing in the Solarium, after the patients had left it at night. We all remem-

ber well Thanksgiving, 1878, and an entertainment we gave up there for the patients able to be carried up. There were tableaux, songs, shadow acts, and so forth, followed by dancing. And the class dinner we had in the small dining-room, each one contributing to make it a success! Not much like the receptions, fairs, and entertainments you have now.

We had to sweep and dust the wards, scour pans and bath-tub, wash dishes for the patients, and be our own waitresses in our own dining-room at first. Sometimes there were three nurses in a ward but often only two, and a night nurse had care of two wards. But with all this, we have a warm remembrance of the kind courtesy and respectful consideration exhibited towards us by the governors and superintendents of the hospital, who improved and corrected constantly as they saw these errors of judgment.

And so in that way we *did* clear the way as pioneers, until step by step the nurses have come into their present perfect home life and educational curriculum.

We did not have in those days one desperate rush in the operating-room for twelve hours every day; two or three surgeons operating in different rooms at the same time, calling imperatively "next, next" for the ones waiting their turn in the etherization room. We had no laparotomies, an amputation of a leg or arm, or breast, was a big affair. Invitations were sent out to doctors and students on postal cards. We had no typewriters. The surgeons all wore red calico gowns, and while the patients were being etherized gave us a little history of the case. They had also time to look over and correct the notes of their lectures which we took down.

I commenced by saying we do not deserve the name of pioneer, but have convinced myself that we do. Anyway, without question, the name belongs to us as private nurses, going out into cities, towns, and villages, from one end of the country to the other. Nurses were so few that we were even telegraphed for from California and Mexico. We would return from the theatre to find a cab and messenger had been standing two hours waiting, and we did not feel privileged to refuse to go, as nurses do now. We formed a habit of leaving the number of our theatre seats, or the location in church that we might be followed and called out. We had to be good, all around, versatile nurses. No specials in those days for surgery, for contagious diseases, for insane, for men, and for children, for old people and so forth, as now. We were not allowed to plead unfitted for anything, save obstetrics, in which some of us took a course later to supplement the theoretical lectures. In private nursing

we were expected to sweep and dust the room, which, even in a case of diphtheria, was often furnished with velvet carpets, heavy draperies, and upholstered furniture, which we had to do the best we could with, and afterwards fumigate with sulphur, and clean the room. The board of health will do that now and, besides, people are so educated that we find the room easy to take care of, and our full strength may be given to our real mission, nursing. Many a pioneer has broken down under private work, and people would say "Poor girl! she undertook more than she had strength for." "Well! don't you think she did? I remember well the first velvet carpet I ever swept with a broom, and not a sweeper such as we have now. It gave me a lasting dislike for such luxuries.

We were expected to nurse the entire family, servants included. I have nursed scarlet fever in one room, a child with acute illness in another, with a maid on the top floor ill at the same time, and after all had recovered and the fumigation accomplished without removing the carpets, had a serious operation on the same floor, and we had only the help of some frightened, nervous member of the family who, while we slept the two or four hours which was all a nurse needed in those days, would undo our efforts by experimenting a little on her own account, or waken us every hour to ask some trivial question. Well do I recall the terrible strain of a typhoid case. Isn't it good to know that now the doctors demand two nurses for such cases, and sometimes even three, that no one weak woman carries responsibility alone! The pioneers had no telephone to relieve the tense, anxious strain. Sometimes we were miles distant from a doctor in the country, and obliged to rack our brains at midnight to remember instructions for emergencies, climax, or sudden development of complications, never daring to leave our books behind us. We were almost in the position of young doctors without the advantage of their education, and if, after all, the patient died, the overwrought young nurse, feeling herself as Providence to her patient, blamed her own weakness and ignorance in self torture.

Now, in these blessed days, we have only, wherever we are, to step to the telephone, put the receiver to our ear and tell our perplexities to our chief who, miles away, can still take the responsibility and anxious burden from us.

We did not have all the wonderful remedies for relieving pain, for cutting short the time of suffering, or rapidly curing. We had therefore to carry a strong moral and mental support, helping to bear cheerfully and bravely what could not be taken away.

Rev. Philips Brooks said "We are all born to die." What more

noble work can we find than to make life more glad and comfortable for others, and death less to be dreaded?

The pioneers had character, *must* have had, or they would not have stood this test of years; and character only is the powerful thing to be relied upon as the foundation to put a good training on.

President Roosevelt has said "It is better to be faithful than famous." One may become famous by being faithful, but that depends upon the appreciation and recognition of others, therefore it is not in one's power to command success in that way, but all may deserve it, and enjoy their own good conscience and self-respect.

Hawthorne said "Recognition makes a man humble." The gratitude of patients has often made us feel very humble. We have striven to keep up with the rapid progressive march of surgery and medicine, and nursing ethics, and recognition makes us humble as well as proud. We see our earlier experiences through the golden or the grey mists of years that lie between. We have in mind and heart memories of those who started with us, and have fallen by the way in harness, and have gone to their rest and reward.

The pioneers can testify that it is a life of sadness and gladness. We rejoice in the tense strain, the steady pressure of the heavy burden, and then it is lifted, and we welcome the glad relief, the well-earned right to rest; and the success and gratitude make us very humble, because we know that we are only the instruments used by God.

A nurse's life is so bound up in the lives of others that our noblest achievements, our best deeds, or greatest self-sacrifice, must of necessity only be known to ourselves. What matter? We have made true friends for life. Our names are written in many hearts to whom we were not merely nurses from a big hospital, but "Mothers in Israel," saving lives from the enemy.

There was danger to the pioneer that the idea of rescue, of being useful, and necessary to others, should so take possession of her mind, that she ceased to care enough for herself, allow other talents to rust, neglect culture, lose proper and natural vanity, and thus by belittling herself defeat her object, lessen in time her powers, and interfere with her mission to bring cheer, hope and comfort.

If a woman does this in unselfish unconsciousness she will find herself a back number, laid upon the shelf as an antiquity years too soon, all her years of experience and acquired wisdom of little use. That is too bad. It should not be. Do not do it. Open the windows and look out from the atmosphere of microbes into the fields of brightness; drink of the wells of healthy joyous all-round culture, and get relaxing

recreation. We must be good to ourselves, as good and kind as we are to others. Do not monopolize all the self-sacrifice, and unselfishness. Give others a chance to become saints as well as yourselves; to cultivate some of the christian virtues, while we cultivate some of the christian graces.

It makes the class of 1879–80 feel old in experience, though not in years or spirit, to see all these new ways, to keep up by study and practice in hospitals, from time to time, with the changes, to do the new ways while still thinking of the old, so indelibly stamped upon memory by repeated practice.

We indeed congratulate those about to enter upon a three years' course, upon the way made clear for them to get a complete training before being sent out; and we cordially reach out our hands in unity of aim and interest. Only the united loyalty of different classes and nurses, to each other as a whole, will bring harmony, and the want of such harmony will cripple our influence and success as a body, and hamper each individual.

NURSING PROGRESS IN DENMARK*

By MISS BODIL HELLFACH

Ladies: In reading you some facts about nursing in Denmark, I must explain that until yesterday I had supposed that a more qualified representative than I would do this, and you must excuse my lack of preparation.

Thirty years ago a few young women from the upper classes went for the first time to work in the hospitals. They met with much resistance and ill-will from the physicians and the authorities, but they worked patiently on, and so well, that this opposition soon disappeared, and more than a thousand others followed in their steps. There are now educated women in all of our great hospitals, some of which are old, others new and up-to-date, and the practical nursing in Denmark has now a high standard. The authorities have improved conditions and many hospitals have comfortable nurses' homes, the Kommune Hospital having built a fine one last year. Hours of duty have also been shortened, but we need to have matrons in our hospitals, we need regular training schools with systematic courses of training, and state registration, for now any woman can call herself a nurse and deceive the public.

In 1899 the Danish Nurses Association was started with about fifty

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* Read at the Paris Conference, June, 1907.

members, now increased to over a thousand under the presidency of Mrs. Henny Tscherning. It requires a three years' training for membership, and works in all possible ways for the progress of nursing and the benefit of the members. Much has been accomplished in the past few years, of which I may mention:

1. A residence for private nurses, with comfortable rooms and meals.
2. A home for nurses who wish to have further hospital training (post-graduate work).
3. A system of life insurance and insurance against illness.
4. A fund to assist nurses during their training.
5. Classes in sick cookery.
6. A journal of nursing.
7. A home of rest for nurses.
8. Monthly social gatherings during the winter.

We greatly wish to obtain state registration, and our committee has approached the government upon this question. We hope that in the near future we may succeed in fixing a minimum term of training by this means.

BIER'S HYPEREMIA IN CASES OF BURNS.—*The American Journal of Surgery* in a synopsis of a paper in a German contemporary says: The severe pain incident to burns, especially of those of the first and second degree, is rapidly relieved by applying an elastic bandage or a rubber tube central to the injured member. As most burns occur on the extremities the bandage is readily applied. The elastic constrictor should be drawn sufficiently tight to produce hyperemia, but not so tight as to obliterate the pulse or produce edema. According to the severity of the injury constriction is kept up ten, twenty to thirty minutes, the bandage then loosened slightly and kept on for the same length of time and then again loosened before its entire removal. Pain at once ceases and does not return as intensely, thus doing away with the necessity of employing narcotics. In deep burns, if constriction is used daily night and morning until epithelialization is complete, the resulting scar is less dense.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MICROÖRGANISMS ON COINS.—A recent French investigator states that the average Parisian copper has 11,000 bacteria; gold pieces from 1,600 to 3,500; while silver coins have only from 450 to 2,100.

PROGNOSIS AFTER SWALLOWING FOREIGN BODIES.—Fischer reports a case in which a child, ten months old, passed per rectum an open safety pin which had been swallowed about four weeks previously.

TREATMENT OF SEPTIC WOUNDS.—For wounds that are septic or have an offensive discharge, Joseph Mullen, in *The Medical Recorder*, advises dropping twenty drops of 40 per cent. solution of formaldehyde on the dressing three times a day. The effect on the wound is excellent, the dressing does not require such frequent renewal, and the odor of the discharges is eliminated.

TO REMOVE IRON STAINS FROM THE TEETH.—The careful application once only of a solution composed of equal parts of crude hydrochloric acid and distilled water, is said by Combe (*Journal de médecine*) to remove the stains on teeth caused by certain preparations of iron. The solution should be applied by rubbing the teeth lightly with cotton wound around a wooden toothpick which has been dipped in the solution.

THE APPLICATION OF TINCTURE OF IODINE IN THE DARK.—In *The British Medical Journal* J. Dunbar-Brunton describes a peculiar property of iodine. If the tincture of iodine is painted on the skin in the dark, or is exposed only to a red light, such as is used in photography, and is covered immediately without being exposed to a white light, it will be absorbed with much greater rapidity than under ordinary circumstances, and it is said not to discolor or blister the skin, even if used for long periods.

INFECTIOUSNESS OF WHOOPING COUGH.—*The British Medical Journal* reporting an experiment to determine whether cats are susceptible to whooping cough, says: The conclusions to be drawn from the experiment would seem to be: (1) That whooping cough is beyond doubt an infectious disease. (2) That the specific virus is contained in the sputum or vomited material or both. (3) That infection may take place either during the process of swallowing or by ingestion of the infective agent. (4) That cats are susceptible to whooping cough and may therefore occasionally be the means of disseminating the disease.

METHODS AGAINST FLEAS.—The Medical Record quotes the following from *Science:* L. O. Howard says the following have been recommended: Fill a soup-plate with soapsuds; in the center place a glass of water with a scum of kerosene on top; place the soup-plate on the floor in an infested room, and set fire to the kerosene at night. Fleas in the room will be attracted and will jump into the soapsuds. It is also said that houses may be rendered immune by dissolving alum in the whitewash or kalsomine applied to the interior walls, putting sheets of thick paper that have been dipped in a solution of alum under the floor matting and scattering pulverized alum in all crevices where insects might lodge or breed. Powdered alum may be sprinkled upon carpets already laid and then brushed or swept into their meshes with no injury to the carpets and with the certainty of banishment to many insect pests, including both moths and fleas. Sheets that have been soaked in alum water and then dried may profitably inclose those that are spread nearest to the sleeper.

BABY'S BEDCLOTHES.—An editorial in *The New York Medical Journal* says: There are few parents who are not annoyed and even much disturbed by the persistent kicking off of the bedclothes by the baby and younger children. The performance is variously attributed, according to the training of the parents, to a manifestation of the "old Adam" and to indigestion. The universality of this infantile objection to bedclothing seems to us to point to a radical defect in the clothing itself. It is customary to cover the baby with a cotton sheet, a blanket or two, and a silkolene coverlet lined with cotton batting. These absolutely impervious coverings do not permit a particle of air to pass through, and the respiratory function of the baby's skin is quite inhibited. We suggest that a linen sheet be used to cover the baby,

although perhaps a cotton one may be allowed underneath; over this nothing could be better than an old-fashioned knitted comforter, such as is sometimes seen on baby carriages in cases where the baby has an early nineteenth century grandmother who has learned to knit. Such a comforter will be found somewhat costly to purchase, but not so costly, after all, as sundry visits of the physician to take care of a bronchitis or worse; it will admit air, permit the skin to breathe, be light on the baby's delicate body, and look as well as all genuine homemade articles look. If the baby has a normal digestion there will be no kicking off of such covering.

MANUAL LABOR IN PHTHISIS.—*The New York Medical Journal*, quoting from *The Lancet*, says: Paterson gives the results obtained in the tuberculosis sanatorium with which he is connected, of the introduction of manual labor as a part of the routine treatment of patients suffering from pulmonary tuberculosis. The grades of work are summarized as follows: 1. Walking from one half to ten miles daily. 2. Carrying baskets of earth or other material. 3. Using a small shovel. 4. Using a large shovel. 5. Using a pickaxe. 6. Using a pickaxe for six hours a day. Patients in grades two, three, four and five work four hours a day. The various grades are each subdivided into sections. The following points appeared to be determined: Suitably selected patients can be gradually trained to do the hardest laboring work for six hours a day, the result being that their general condition is much improved, whilst some lose both their sputum and tubercle bacilli. Certain patients who do not improve on light work show marked improvement on harder work. Patients who have slightly over exerted themselves and are kept at rest for the few following days are subsequently not only not worse, but may be in their own opinion better. The writer therefore concludes that graduated labor is a definite medical treatment for cases of pulmonary tuberculosis, and raises the general health and resisting power of the patients. The combination of rest, pure air, and overfeeding is not the only treatment for chronic pulmonary tuberculosis. Inman studied the effect of the hard work on the opsonic index of the blood of the patients. His results show that the exercise supplies the stimulus needed to produce artificial autoinoculation, and that its systematic graduation has regulated this in time and amount. With the aid of the opsonic index the stimulus can be regulated with scientific accuracy.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

ITEMS

MISS STEWART'S twenty-first anniversary at St. Bartholomew's hospital is to be celebrated next June by the Matrons' Council, with a complimentary dinner.

THE campaign of the women of England for the suffrage right is in the mind of the editor of this department the most engrossing and splendid thing that is happening on the planet. We see that a nurse was one of the last fifty who went to prison for the sake of future generations.

MISS NIGHTINGALE continues to receive belated honors from Englishmen. She has just received the Freedom of the City of London from the Lord Mayor and his Council. Is it possible they they are only beginning to realize what she has done? At this rate, the English nurses will get registration in forty-seven years. However, we cannot throw stones as our own house is partly made of glass.

The German Nurses' Journal continues the history of the modern movement in Germany. We are sorry to see that Sister Agnes has to call the members to account for carelessness in sending in their annual statistics. The presidency of a nurses' organization is a much more heavy responsibility in Germany, than here, because the government requires the most searching and exact statistics as a condition for legal rights. How strange that nurses should be so inconsiderate of the burdens of their leaders!

Epione, the wife of Asklepios, has given her name to the tastefully covered little journal—messenger of the Finnish Nurses. Alas! that we cannot read it! And yet, under the languages of Sweden and Finland in which it is printed, we can gather the gist of some of the lines—can make out, for instance, the announcement of the price of the Paris Transactions, and an article about the private nurses' home. Con-

gratulations and best wishes to our youngest press-sister, Epione. Nurses in America from the old country may subscribe through Mme. Mannerheim at the Surgical Hospital, Helsingfors.

As mentioned briefly last month, the British nurses have perfected their national body by adopting a constitution and abandoning their provisional form. They wished to enroll a membership of five thousand before completing their organization. They now have more than that number, and call themselves The National Council of Nurses for Great Britain and Ireland. This body includes Leagues (of one school), National Societies (as the Irish Nurses' Association), and general local associations (not limited to one school). Their standing committees as at present provided for are: Navy and Army Nursing, Poor Law Nursing, District Nursing, School Nursing, Private and Home Hospital Nursing, Convalescent Homes and Sanatoria, Prison Nursing, Mental Nursing, Fever Nursing, Obstetric Nursing, Hospitality, Library. The standing committees shall not be more than twelve in number. We thus see that our British sisters are prepared for work. At the first meeting of the new body permanent officers will be elected.

THE *Bulletin Professional* for February describes a modern school for training secular nurses in Brussels, the first one of its kind in that city. The regulations sound very well, and the Directress is one of the committee on admission of probationers. The course is three years, but two further years of service are required of each pupil. Their home is charming and comfortable; they are provided with uniform and receive a small allowance during the three years' training. The pupils are trained in different institutions, and are also sent (we are sorry to see) into private families. The periods of the different services are fixed by a committee on the recommendation of the Directress.

From the same journal we learn that there is also to be a bill presented to the Belgian parliament, designed to stimulate and extend better standards of teaching nurses by giving a state certificate to nurses, similar to that now given to dentists, druggists, and midwives. This is certainly very interesting. The preamble sets forth the present unintellectual status of nursing and urges state registration as an incentive. The nursing conditions of Belgium at present are just about what the doctors in New York who are leading the retrograde movement want us in this country to return to. What a pity that they cannot go to Belgium and the Belgians come over here!

THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

VISITING NURSES IN CONNECTION WITH THE PHIPPS DISPENSARY, BALTIMORE

By M. F.

During the third year of the work of the Phipps Dispensary in Baltimore a notable change has been made in the duties of the visiting nurse. Early in the year two extra nurses entered the field of tuberculosis nursing maintained by funds from the State Association for the Prevention of Tuberculosis. These four nurses are under the supervision of the Instructive Visiting Nurse Association and have undertaken the general visiting of tuberculous patients throughout the city, which is, for this purpose, divided into four parts. This plan allowed one of the regular nurses to withdraw from the general cases and devote her time to special investigation and special nursing for the Phipps Dispensary cases. According to the new method established, a list of the new cases that come to the dispensary and are diagnosed as definite pulmonary tuberculosis is sent to the Instructive Visiting Nurse Association and the names of the patients are distributed among the four nurses according to the district in which they reside. These patients are visited by the nurses and cared for in the routine way. Twice a month there is a meeting of the nurses and the Phipps Dispensary staff, at which the cases are discussed from the doctors' and nurses' standpoint and condition compared. The nurses see that the doubtful cases return for examination, that early cases come for treatment, and that other members of the family who show suspicious symptoms go to the dispensary for examination. They are also expected to report on the conditions of the old patients. From the physicians they learn the condition of the patient, the possibility of improvement or cure, and the important points in their treatment. Through this routine, the special tuberculosis nurse gains a general knowledge of the condition of all the patients, and by its arrangement she is able to devote herself to more exclusive cases. These special cases are patients that the physicians select for more particular observation and treatment. Most of them receive tuberculin or Mar-

morek's serum either for diagnosis or for treatment. When a patient is selected as possibly a suitable subject for treatment he is referred to the nurse who supplies him with a thermometer and a record book, teaches him how to take his temperature and pulse, and how to keep a daily record of his symptoms and diet. She then visits the patient in his home, looks over his general surroundings, plans the arrangements for sleeping out of doors, and, when necessary, confers with the charity organization societies for various relief measures. When the patient returns to the dispensary the record books are brought with him for inspection by the physicians, and the patient's home conditions are known to them through the nurse's report. The nurse then visits such patients two or three times a week, or oftener, until they are thoroughly grounded in routine, when her more particular attention is given to new patients and the older ones are visited less frequently. It is often necessary also for the nurse to visit daily patients who are in bed, and she often must assist in the treatment and study of patients by observing symptoms in the home after they have received tuberculin injections at the dispensary.

The result of the year's work has proved most gratifying, the majority of the patients having responded very readily to the suggestions made them. A large number are sleeping out of doors, many having erected special porches for that purpose. Most of the patients have remained comparatively at rest during the treatment and have shown great aptness in observing their symptoms and accurately recording them in the books furnished.

Besides these visits to the patients' homes and controlling their records, the nurse has assisted in a limited extent with the work at the dispensary. The large number of patients to receive tuberculin injections has made this additional help necessary, for she can aid the doctors in giving the injections. This amount of dispensary work gives her an opportunity to become more intimately associated with the physicians' standpoint and with the character of the treatment. Under this new plan it is felt that the work of the nurse has been of more value to the dispensary and it has decidedly added to the interest and efficiency of her work. Her visiting list is smaller and she is able to devote more time to the individual cases, receiving much encouragement in her work by the remarkable improvement many of the patients make.

ITEMS

THERE are five visiting nurses employed by the Thalian Tuberculosis Dispensary at Toledo, Ohio.

EVERY visiting nurse ought to have a copy of Miss LaMotte's paper in the March number of the JOURNAL.

WASHINGTON, D. C., has two good openings for visiting nurses. Please apply to Miss Strong, superintendent of the association, 2001 I Street, N. W.

MISS MCKECHINE, formerly with the Orange Hospital, Orange, New Jersey, is now supervisor of tuberculosis work at the Nurses' Settlement, Orange, New Jersey.

IN Miss Wald's paper in the March number of the JOURNAL on "The Duties of the Visiting Nurse to the Stranger within our Gates" (the immigrant), she certainly touched the well spring of our opportunities—endless opportunities—for preventive work. Her suggestions should be read and re-read.

OF SPECIAL INTEREST TO VISITING NURSES

NURSES are eligible to these awards of the International Congress on Tuberculosis, and every Visiting Nurse must strive for No. 3.

The committee has decided to award testimonials to especially meritorious exhibits. These testimonials will take the form of medals, diplomas, or money prizes.

No. 1. A cash prize of one thousand dollars is offered for the best evidence of effective work in the prevention or relief of tuberculosis done by any voluntary association since the last International Congress in 1905.

No. 2. A cash prize of one thousand dollars is offered for the best exhibit of a sanatorium for the treatment of tuberculosis among the working classes. This must be a detailed exhibit, covering construction, equipment and management.

No. 3. *A cash prize of one thousand dollars is offered for the best exhibit of a furnished room for the poor in the interest of the crusade against tuberculosis.*

No. 4. Several prizes of smaller value will be offered for educational leaflets. These prizes are designed to produce new educational literature.

No. 5. A medal is offered for the best exhibit illustrating effective organization of the anti-tuberculosis campaign in any state of the United States.

No. 6. A medal is offered for the best exhibit sent by any State or country (United States excluded), illustrating effective organization for the restriction of tuberculosis.

More detailed advice concerning the awards will be published later, or will be furnished on application to the Secretary General.

IMPORTANT NOTICE

A VISITING NURSE CONFERENCE

ALL nurses engaged in any form of visiting nurse work are called to meet in Chicago, April 25th. An invitation is extended by the Chicago Association to every visiting nurse in the country to attend this conference, which will be held at the Auditorium Hotel. There will be two or three sessions. At the opening one, on Saturday at ten-thirty A.M., Miss Jane Adams of Hull House will speak on the Visiting Nurse in her relation to the Public Schools. Judge Julian Mack will talk on her relation to the Juvenile Court. Miss Dock and Miss Damer will also make addresses. The Directors of the Chicago Association will entertain at luncheon, and the afternoon and evening sessions held at two-thiry and at eight will be given up to informal discussions on the various problems of the work of the nurses. It is not the intention to make the meeting irksome. Every visiting nurse is asked to come or to send some message or suggestion that will be an inspiration. Representatives from boards of directors will also speak from their point of view. The matter of a national seal will come up at this time. Suggested topics are:

(a) Visiting Nurses in Out-patient Department Work of Hospitals.
(b) Best Method of Forming a New Society in Any Locality.
(c) How to Extend the Work into Country Districts.
(d) Is the Uniform Necessary?
(e) The Visiting Nurse's Salary.

The above is an urgent invitation to the meeting in Chicago, and is set at this time in order to secure the attendance of nurses who are gathering here on their way to San Francisco, taking the official train from Chicago, Sunday, April 26th.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

JOURNALS WANTED

CLEVELAND, OHIO, March 3, 1908.

DEAR EDITOR: We are very anxious to obtain the following copies of the JOURNAL in order to complete our volumes: November, 1902; January and March, 1903; January and September, 1905. Will be glad to pay all charges for same. I cannot get these copies from the JOURNAL office and trust some nurse will have them. The volumes are for the Visiting Nurse Association library.

MATILDA L. JOHNSON,
Visiting Nurse Association,
Cleveland, Ohio.

A NURSE'S POINT OF VIEW

DEAR EDITOR: There has been much discussion about the scarcity of probationers in hospitals. Every question has more than one side; no one, as far as I know, has given the nurse's side, it has all been stated from the hospital's and superintendent's standpoint. Did you ever inquire from private nurses or nurses' directories how much demand there is for trained nurses? If you will take that trouble, you will learn that it is nearly always a question of work for the nurses, and not of nurses for the work. Hospitals are graduating classes far in advance of the demand, which may be good for the public, but is hardly to be desired by women depending on their own exertions. A few nurses succeed without much effort through the aid of a kindly physician or influential friends, but the majority wait and wait. It has taken some time for this situation to become known, but I believe it is well understood now.

If hospitals could get their work done satisfactorily and inexpensively without flooding the market there would be plenty of good women ready to take up the work. Even the positions of head nurse are largely taken by pupils.

Among nurses, I have heard no complaint of the educational standard required or the three years' course, but when a woman perfects

herself in her profession, expecting to be a blessing to mankind and finds that no one really needs her, "Aye there's the rub."

Patients, and even many good physicians, prefer a cheap nurse to a good one. It is rather disappointing to find that women who have no hospital training can fill the want and take the trained nurse's place, unless the latter will work for practical nurses' prices and do oftentimes more housework than nursing.

The real demand seems to be for intelligent house workers at about ten dollars a week.

E. K.

[Another correspondent, writing on this same subject says one reason for the shortage of applicants may be the uncomfortable methods of living forced upon private duty nurses and suggests that a remedy for this would be the more universal establishment of good nurses' clubs.—Ed.]

WHAT SHOULD THE NURSE DO?

The question is often brought up in the nurse's mind whether she is doing exactly right in carrying out instructions which are, to her certain knowledge, wrong. Of course, we have no right to criticise our physicians, and I am not going to do that. We, who have graduated from training schools, know the galling moments when we have to rise and stand, and rush to open doors for the medical students who did not know the first rudiments of doing a surgical dressing. But that is all past now, and we have learned to love our physicians in their work.

One case of typhoid fever I should like to say something about; the patient was a young college girl seventeen years old. She had always, as her mother said, had lung trouble and a very weak chest. On going to this case I found one nurse, one of my colleagues, and the work another nurse had left behind, that is, she had been administering morphia gr. ¼, when gr. ⅛ was ordered. As soon as this was discovered, the nurse was discharged. I found the patient almost in a state of coma. After some time she awakened in wild delirium asking for a hypodermic of morphia, which had to be given. As soon as I had quieted the patient I looked for the chart of instructions and found that whiskey, dram VI, was given every two hours, strychnine, gr. $^1/_{30}$, every three hours, liquid nourishment of peptonoids and milk, every two hours. I did not wonder the patient had subsultus, twitching of eyelids, jerking of limbs, and all the symptoms of over-stimulation. But what could I do, and the question arose between my friend and myself who should tell the doctor, so we pulled straws and it fell to my lot, and when the doctor came I showed him the clinical record. Written on it largely was, "Patient had

a small convulsion soon after taking last dose of strychnine." This he noticed at once, and changed the strychnine to every four hours. The nervousness kept up, pulse was high as 130 and 140, temperature dropped to 97–99. We kept orders up for two weeks, at the end of which time the patient had developed nausea and vomiting. The doctor then changed his orders; he discontinued the strychnine, and gave whiskey with nutritive enema. This might have done very well until the stomach could get a rest, had he not given such a large quantity, that is: one egg, pint of milk, eight teaspoons of whiskey, and four teaspoons of peptonoids. All of this was lost, as the enemas were retained only a few minutes. I left the case in two weeks, as the other patient (we had two), who was almost well, did not need a professional nurse. I went on another case, but was called back to this one. My colleague had emphatically refused to give the enemas more often than every six hours, and when she made her own preparation and it was retained, the physician got very angry, so she left. Now, what could a nurse do in a case like this? He was a country doctor and would not call in consultation. They got another nurse, but the patient died.

M. B. B., R.N.,
Lynchburg, Virginia.

[We should like to have some prominent physicians, whose opinions we all value, tell us what the nurse's duty is in a case of this kind, whether her loyalty to the physician stands above her duty to humanity.—ED.]

SHOULD A NURSE PRESCRIBE?

DEAR EDITOR:—Miss Ruth Brewster Sherman's "List to Leave Behind" in your February issue is so excellent that one regrets the necessity of criticising it in any way. But inasmuch as it is a list to be "left behind" for the guidance of mothers and nursery maids one is surprised to find such insistence on the use of silver nitrate as Miss Sherman gives us. This seems a grave error in view of the possibilities of the situation, which one is sure could not have occurred to Miss Sherman, nor have nurses themselves, we are sure, in the absence of at least general instructions from the doctor, the habit of using a remedy like silver nitrate without an order. Also does not the doctor, instead of the nurse, indicate the necessary modifications in the baby's food? Miss Sherman is not sufficiently clear on these points, where to be unequivocally opposed to prescribing is a nurse's first principle, and where Miss Sherman no more than another nurse would be likely to err.

MARY CLOUD BEAN, R.N.,
President Johns Hopkins Hospital Alumnæ Association.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE ASSOCIATED ALUMNÆ MEETING

THE eleventh annual meeting of the Nurses' Associated Alumnæ of the United States will be held in San Francisco, California, May 5 to 8, 1908. The meetings will be held in Golden Gate Hall, 2137 Sutter Street. On Monday, May 4th, from three to five P.M., and on Tuesday, May 5th, from nine A.M. till noon, the treasurer and secretary will be found in one of the committee rooms of Golden Gate Hall to receive dues and to register delegates, permanent members, and visitors. The first meeting will be held on Tuesday, May 5th, at two P.M., and there will be morning and afternoon sessions on the 6th, 7th, and 8th.

The bureau of information will be at Golden Gate Hall, 2137 Sutter Street. All mail should be sent to the St. Francis Hotel, Geary and Powell Streets, care Nurses' Reception Committee. Members of the reception committee will wear blue ribbon badges bearing in gilt letters Reception C. S. N. A. Members of this committee will be at the St. Francis Hotel from seven-thirty to ten P.M., Monday evening, May 4th, and some of its members will meet the official train when it arrives on Sunday evening, May 3rd. Members of this committee will be in constant attendance at the St. Francis Hotel.

Visitors and delegates who have made no provision for accommodation, or who are not met at trains, are asked to go to the St. Francis, where a member of the reception committee will give them necessary assistance. Visitors are advised to come provided with warm clothing.

HOTEL RATES

St. Francis Hotel, Geary & Powell Streets, European plan.
2 in room, with bath, $2.00 per day for each person.
2 in room, without bath, $1.50 per day for each person.

Majestic Hotel, Sutter & Guelph Streets (1550 Sutter Street).
2 in room, $1.50 per day, per person.

Dorchester Hotel, 1482 Sutter Street.
2 in room, $2.00 per day per person.
2 in room, with bath, $2.50 per day per person.
3 in a small suite, $4.00 per day.
4 in a large suite, $5.00 per day.

Jefferson Hotel, Turk & Gough Streets.
Rooms $1.50 per day, European plan.

Rooms $3.00 per day, American plan.
Rooms $4.00 per day, American plan, 1 person with bath.
Rooms $3.50 per day per person, 2 in room, American plan, with bath.

Imperial Hotel, 951 Eddy Street. Special rates for convention, of one-half regular rates, which are $1.50 per day up, European plan.

Baltimore Hotel, 1015 Van Ness Avenue, will make special rates for convention, $1.00 per day, per person, with bath if possible, European plan.

BOARDING HOUSE RATES

The Oxford, Franklin and Post, $2.00 per day, per person, would rent rooms without meals, and make special rates if they knew the number to be accommodated.

The New Fairview, 1363 Post Street, $2.00 per day.

2216 California Street, Mrs. K. Brandon, $2.50 per day, with board, $1.00 per day, without board (special rates).

San Francisco will be crowded with visitors in May, owing to the presence of the battle fleet. For this reason, it is necessary for nurses to secure accommodations at once. Address Miss S. Gotea Dozier, 4 Steiner Street.

RAILROAD RATES

At the eleventh hour word reaches us that railroad rates have finally been granted, probably on account of the presence of the fleet at San Francisco. The terms are as follows:

Chicago to San Francisco and return.....$72.50
Peoria to San Francisco and return..... 69.25
St. Louis to San Francisco and return..... 67.50

These tickets will be on sale April 4th and 5th, and again on April 25th and 26th, and the purchaser must reach San Francisco within ten days of the date of starting, which allows about five days for stop-overs on the going trip. The tickets are good for sixty days. They may be used on more than one route, that is, the purchaser may go by one road and return by another if she chooses. The return by way of Portland, Oregon, via the Canadian Pacific or Northern Pacific, will be fifteen dollars extra. It is not yet determined whether roads east of Chicago will make corresponding reductions. All inquiries as to details should be addressed to the Rock Island agent, Mr. A. B. Schmidt, 91 Adams Street, Chicago, Ill.

PULLMAN CAR RATES

Chicago to San Francisco..... 14.00

TOURIST CAR RATES

Chicago to San Francisco..... 7.00

OFFICIAL ROUTE

The officers of the Associated Alumnæ have made the following plans for their own journey and will be glad to have others join them if they wish.

They will travel by the Rock Island Road, in a tourist sleeper, using the following itinerary.

Leave Chicago, LaSalle Street Station, Rock Island Road, Sunday, April 26, 10.32 P.M.

Reach Denver, April 28, 8 A.M. Stop-over of one day.

Reach Colorado Springs, April 29, 10.45 A.M. Stop-over of one day.

Reach Salt Lake City, May 1, 12.50 noon. Stop-over of one day.

Reach San Francisco, Sunday, May 3, 7.28 P.M.

There will be no hotel expense during the trip as the sleeper will be used at night at stop-over places. The price of the sleeper for each person will be ten dollars.

Those wishing to take this trip should send their names and addresses to one of the Rock Island officials, specifying the Associated Alumnæ trip,—Mr. A. B. Schmidt, 91 Adams Street, Chicago, or Mr. R. S. Graham, 401 Broadway, New York City. Through these officials tickets can be purchased and all arrangements made.

MEALS

It must be distinctly understood that prices of meals are not included in any of the above rates. Dining cars, with meals served a la carte, accompany both Pullman and tourist sleepers and there are lunch rooms along the way where stops are made. The tourist sleepers furnish boiling water for the making of tea or coffee, and lunches can be taken.

OTHER STOP-OVERS

At Colorado Springs, the members of the Colorado Springs Nurses' Registry Association have offered to act as hostesses and guides to the nurses passing through on the official trip, and at Salt Lake City, Miss Nash, a Bellevue graduate, now in charge of the training school of the Latter Day Saints' Hospital, wishes to help them to see as much as possible in the day spent there.

"SEEING CHICAGO."

The Illinois State Association of Graduate Nurses wishes to show every possible courtesy to nurses passing through Chicago en route to San Francisco, and has appointed a committee for this purpose. Inquiries as to lodgings and the best way of employing the time at one's command should be addressed to Miss Helena McMillan, Presbyterian Hospital, the chairman of the committee.

RETURN JOURNEY

There will be no attempt made to bring a large party home together, as there are so many different routes to be taken and some will wish to stay on the coast for a time.

TWENTY-FOUR DAY TRIP

The Northwestern Road offers a very interesting and not expensive twenty-four day trip, which can be taken if as many as eighteen desire it. A tourist car will be taken and used as a sleeping place at all stop-over places except San Francisco. It will be personally conducted by a responsible travelling agent of the Northwestern road, who will make all arrangements during the journey and, if desired, accompany the party to points of interest at stop-over places.

The proposed itinerary is as follows:

Leave Chicago, Thursday, April 30, 10.35 A.M. Northwestern Station.
Reach San Francisco, Monday, May 4, 12.48, noon.
Leave San Francisco, Saturday, May 9, 8 P.M.
Stop at Santa Barbara one day.
Stop at Los Angeles nearly four days.
Stop at Riverside one day.
Stop at Salt Lake City on Sunday when the wonderful music can be heard.
Stop at Glenwood Springs one day.
Stop at Colorado Springs one and one-half days.
Stop at Denver one and one-half days.
Reach Chicago, Sunday, May 24, 8.30 P.M.

The cost of this trip will depend upon the number of persons taking it. The price of the railroad ticket will be exactly the same as those given above, but the cost of the car, if eighteen people go, will be about thirty-three dollars apiece, from Chicago to Chicago. If twenty-five people go, the cost would be reduced to twenty-four dollars each, and every additional person would reduce the cost correspondingly. The car will hold thirty-two people or, if two occupy a berth, sixty-four people. All inquiries as to this trip should be addressed to Mr. P. J. Brady, 301 Main Street, Buffalo, New York.

MEETINGS OPEN TO ALL

ALL nurses are cordially welcomed at the meetings of the Associated Alumnæ, whether sent as delegates, or not.

KATHARINE DEWITT, R.N., Secretary.

ASSOCIATED ALUMNÆ PROGRAM

Tuesday, May 5th, two P.M. Addresses of Welcome.

1. The Mayor of San Francisco.
2. Dr. Helen P. Criswell, President California State Nurses' Association.
3. Mrs. Clara Sanford Lockwood, Los Angeles.

Responses.

Mrs. E. G. Fournier, Indiana, and others.

Address of the President, Miss Annie Damer.

Wednesday, May 6th, ten A.M. Roll call. Business. Papers, Subject, "The Nurse as a Factor in Public Health."

1. "The More Recent Opportunities of the Nurse in Public Health Problems."
2. "Some Phases of School Nursing," Miss Lina L. Rogers, New York City.
3. Dispensaries. (*a*) "The Newer Treatment of Tuberculous Patients," Miss Martha Fortune, R.N., Baltimore. (*b*) "Their Use to Children."
4. "Progress in Almshouse Nursing," Mrs. L. J. Lupinski, Grand Rapids.
5. Exhibit. Outline of Registration Chart, prepared by Miss Maria L. Daniels, Salem, Massachusetts.

WEDNESDAY AFTERNOON

Two P.M. Subject, The Training School Curriculum.

1. "What is Being Taught and Why?" Miss Mary S. Gilmour, New York.
2. "Visiting Nursing as Part of the Curriculum," Miss Margaret A. Bewley, New York. Discussion, Miss Rebecca Toupet, New York.
3. "Nursing of the Insane, as Part of the Curriculum," Miss Mary E. May, Rochester, New York.
4. "Duty of the Schools in Preparing Young Women to Take Part in the Anti-tuberculosis Campaign," Miss Ellen L. LaMotte, Maryland. Discussion, Mrs. Ida M. Tice, Illinois.
5. "Home Life of the Pupil Nurse."
6. "Self Government in Nurses' Homes," Miss L. M. Fowler, Denver. Discussion, Miss Emily Jones, Rochester, New York.

THURSDAY MORNING, MAY 7TH

Ten A.M. Roll call. Business. Papers—Subject: "Private Duty."

1. "The Nurse's Responsibility to Her Local and State Associations," Miss Mary Cloud Bean, R.N., Baltimore. Discussion, Miss Gotea Dozier, San Francisco. Question Box.

THURSDAY AFTERNOON

Two P.M. Private Duty, continued.

1. "Psychology and Nursing," Miss M. Grace O'Brien, Baltimore.
2. "Newer Methods in Medical Nursing," Miss Grace Arnold Knight, R.N., New York City.
3. "Recent Advances in Surgical Nursing," Miss Anna Jamme, R.N., Rochester, Minnesota. Discussion by representatives of the north, south, east and west.

FRIDAY MORNING, MAY 9TH

Ten A.M. Business. Papers, "Association Work."

1. "Report of the Inter-state Secretary, with News from the Whole American Field," Miss Sarah E. Sly.
2. "Effect of Registration on the Profession and on the Individual," Miss Sarah M. Parsons, Maryland. Discussion, Miss Frances Jones, Virginia.

FRIDAY AFTERNOON

Two P.M. Associated Work, continued.

1. "The Organization of Nurses' Clubs and Directories under State Associations," Miss Caroline Van Blarcom, California. Discussion, Miss Grace Holmes, St. Paul.
2. "Progress and Difficulties of State Examining Boards," Miss Jane E. Hitchcock, New York City. Discussion, Mrs. Edith Baldwin Lockwood, Connecticut.
3. "Progress of Registration in Foreign Lands," Miss L. L. Dock.

During the business sessions there will be discussions on proposed changes in the constitution, on taking over the JOURNAL, and on the fixing of a definite professional standard of the association.

ENTERTAINMENTS

Wednesday, May 6th. A trip through Chinatown, including tea and the theatre there. Those taking the trip are to assemble at the St. Francis Hotel at seven-thirty P.M.

Friday evening, May 8th. Banquet at the St. Francis Hotel, all delegates to be the guests of the California State Association. Guests are asked to assemble at seven P.M.

Saturday, May 9th, an all day trip to Mount Tamalpias, leaving San Francisco at nine forty-five A.M. This affords a superb view of the ocean, bay, and surrounding country.

Sunday afternoon, May 10th, a sacred concert at the Greek Theatre, University of California, Berkeley.

It is expected that the naval fleet will arrive in San Francisco harbor May 5th, and that on Friday, May 8th, the great naval review will take place. It is hoped that all the visiting nurses may have an opportunity to see this as well as other features of the program for the fleet.

ANNOUNCEMENT BY THE NOMINATING COMMITTEE

THE nominating committee of the Associated Alumnæ is very much pleased to announce that, after a great many requests and a great deal of pressure, Miss Annie Damer has at last consented to accept the nomination as candidate for the presidency for another year.

E. G. FOURNIER,
Chairman of Nominating Committee.

THE MEETING OF SUPERINTENDENTS OF TRAINING SCHOOLS

THE fourteenth annual meeting of the American Society of Superintendents of Training Schools for Nurses will be held in Cincinnati on April 22nd, 23rd and 24th, at the Hotel Sinton.

The first session will be held on Wednesday morning at ten-thirty o'clock.

After the morning session, the society will be entertained at lunch at the Hotel Sinton by the Ohio State Association of Graduate Nurses, the Graduate Nurses' Association of Cincinnati, and the alumnæ associations of Cincinnati.

The afternoon session will open at three o'clock.

The Board of Directors of the Jewish Hospital will give a reception at the hospital from five to six P.M. Tea will be served in the Nurses' Hall.

The morning session on Thursday will be at ten o'clock.

On Thursday afternoon, from four to six o'clock, a reception will be given at the Hotel Sinton to the society by the hospitality committee composed of representative women of the city—Miss Annie Laws, chairman.

The evening session on Thursday will be at eight o'clock. The plans of the new City Hospital with stereopticon views will be presented by Dr. C. N. Holmes. A paper entitled "To What Extent May the Experience of Nurses Be Useful

in the Planning of Hospital Buildings?" will be read by Miss A. M. Lawson, superintendent Akron Hospital, Akron, Ohio.

The morning session on Friday will be at ten o'clock.

On Friday afternoon, from three to five o'clock, the Cincinnati Woman's Club will give a reception in its club rooms in the Mercantile Library Building to the visiting superintendents. Short addresses will be made and tea served. The papers to be read promise to be of great interest. Such topics are to be presented as "Hospital Dietaries," "The Work of Dietitians in Schools for Nurses," "What Ground in the Training of Nurses Cannot Be Covered in Municipal Hospitals?" "Self Government in Training Schools for Nurses," "Children Hospitals."

The following hotels are suggested to members:

Hotel Sinton (headquarters), from $2.50 with bath, and $2.00 without bath.

Hotel Havlin, from $2.00 with bath, and $1.50 without bath.

MISSOURI STATE MEETING

THE Missouri State Nurses' Association will hold a called meeting in St. Joseph, Missouri, April 16th and 17th. Discussion of a bill for registration of nurses will be of prime importance.

A. B. ADAMS, Corresponding Secretary.

PENNSYLVANIA STATE MEETING

THE semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held in Allentown, Pennsylvania, on April 22nd, 23rd, and 24th.

NELLIE M. CASEY, Assistant Secretary.

TEXAS STATE MEETING

THE Graduate Nurses' Association of Texas will meet in San Antonio, April 21st. The program of the meeting will be as follows: Reading of minutes of last meeting, reports of committees, unfinished business, new business, reading of papers by Miss Shackford of Galveston and Miss Dietrich of El Paso. The subjects of these papers will be: "What is a Trained Nurse?" and "The Use and Abuse of the Uniform." The papers will be followed by election of officers.

J. S. COTTLE, President.

NOTICE OF NURSES' EXAMINATION IN COLORADO

THE Colorado State Board of Nurse Examiners will meet at the State Capital in Denver on April 22nd, 23rd, 24th, to examine applicants for registration according to "An Act Relating to Professional Nursing." Apply to Miss Mary B. Eyre, R.N., Secretary, 642 Grant Avenue, Denver, Colorado.

NURSES' EXAMINATION IN THE DISTRICT OF COLUMBIA

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration April 30, 1908, at Garfield Hospital. All applications must be filed before April 15, 1908, with the Secretary of the Board.

KATHERINE, DOUGLASS, Secretary,
320 East Capitol Street, Washington, D. C.

STATE EXAMINATION IN MARYLAND

THE Maryland State Board of Examiners of Nurses announces that the second examination for State Registration will be held June 2, 3, 4, and 5, 1908.

All applications should be sent to the secretary of the board, Room, 610, Professional Building, Baltimore, Maryland, before May 20th.

Nurses applying will be notified where the examinations will be held.

MARY C. PACKARD, Secretary.

ANNUAL MEETING OF SPANISH-AMERICAN WAR NURSES

THE Order of Spanish American War Nurses will meet in national convention in Chicago, June 4th, 5th and 6th. Place of meeting to be announced later. Members expecting to attend this meeting will please notify the chairman of the committee on arrangements, Miss Ida Virginia Parkes, 1109 Madison Street, Evanston, Illinois, at an early date, before May 15th if possible. The committee wishes also to know the names of all who expect to attend the banquet, should it be decided to give one, at as early a date as possible. A large number of delegates of other associations will be in Chicago at the time of the S. A. W. N. convention and arrangements cannot be made unless made immediately.

A CORRECTION

IN the published report of the Tenth Annual Convention of the Nurses' Associated Alumnæ the Colorado State Association is stated to have had no official delegate present.

From information received since and evidence submitted by the Colorado State Association to the February meeting of the Executive Committee we take much pleasure in making the correction and stating that the name of Miss Louise Croft Boyd has been placed on the official report of the Convention as the delegate from Colorado.

ANNIE DAMER, R.N., President.

STATE MEETINGS

WASHINGTON, D. C.—The Graduated Nurses Association of the District of Columbia held its regular meeting March 3rd.

After the routine business, a committee appointed to confer with the secretary of the Associated Charities reported there was work for the asso-

ciation to do in connection with their work. The association voted to pay the salary of a nurse for two months to do tuberculosis work.

The Central Registry Committee reported the registry a success and self-supporting from the beginning. One hundred and seventy-nine members are enrolled.

Miss Nevins, Superintendent of Garfield Memorial Hospital, was elected delegate to the annual meeting of the Nurses' Associated Alumnæ, but unfortunately she is unable to accept.

To meet the extra expense entailed, it was voted that each member should be assessed one dollar, to be paid to Miss Jennings, treasurer, Children's Hospital.

CLARISSA WHITE, Chairman.

The Rhode Island Association of Graduate Nurses held its third annual meeting March 4th, at three P.M.

The meeting was opened by reading of the one hundred and third psalm and prayer by Reverend J. Francis Cooper. Miss Lucy C. Ayers made a brief address followed by remarks by Mr. Cooper.

Reports of the secretary and treasurer were read.

Mr. Cooper then gave a brief talk on the high standard of the profession and the opportunities of the nurse to help spiritually as well as physically.

Mr. James Minnick of the Associated Charities told of the work of that organization and the increased needs of the present time.

The association voted to give fifty dollars to be used by Mr. Minnick as he thinks best for the poor.

A committee of nurses was appointed to visit the state almshouses to obtain statistics to determine what is being done for the poor of the state, particularly the feeble-minded and epileptics.

Officers for ensuing year were elected as follows: President, Miss Lucy C. Ayers, Rhode Island Hospital, Providence; first vice-president, Miss Elizabeth Fleming; second vice-president, Mrs. Donald G. Churchill; treasurer, Miss Lottie A. Beckwith; recording secretary, Miss Sara London; corresponding secretary, Miss Elizabeth F. Sherman, 24 George Street, Providence; directors, Miss Mary S. Gardner, Miss Alice G. Dexter, Miss Winifred Fitzpatrick, Miss Mary Quinn.

At the conclusion of the exercises, refreshments were served and a social half hour was much enjoyed.

REGULAR MEETINGS

BIRMINGHAM, ALA.—The third annual meeting of the Graduate Nurses' Association was held March 11th at the Hillman Hospital.

After the report of the retiring officers had been given, new officers were elected as follows: President, Annis E. Stay, R.N.; vice-president, Miss J. T. Dainwood; second vice-president, Miss Frances Zinkan. Miss Helen McLean was re-elected secretary and treasurer. Miss Mary P. Nicholls was elected corresponding secretary.

Miss Dainwood read a very interesting paper on the organization and success of the association and its registry.

Much credit for the success is due to Miss N. B. Hamilton, the retiring president. Through her efforts and the coöperation of the members it has grown from a chartered membership of ten nurses to fifty-three, in the past three years.

The Graduate Nurses' Association, through the suggestion of Miss Hamilton, agreed to put a district nurse in the field, Miss Forsman, and her success has been so gratifying that the association has undertaken even more work for next year.

The members have interested some of the charity organizations and a number of women in the city and have formed a District Nurses' Auxiliary, which has enabled them to employ a colored district nurse also. The colored nurse works among her own people under the direction of Miss Forsman.

In the future the social feature of the meetings will be made more prominent and some light refreshments will be served.

Miss Hamilton, in her paper, urged the members to have ever before them State Registration and they feel that they will attain it. She said: "This will give added dignity and a wider scope to our work; and may this year prove our loyalty to our association and to each other, and mark an increase in members and in our usefulness."

BOSTON, MASS.—At the February meeting of the nurses' alumnæ association of the Boston and Massachusetts General Hospital Training School for Nurses, the following motion was made and carried: Resolved, that this association most heartily endorses the bill for state registration of nurses as framed and presented by the Massachusetts State Nurses' Association.

BOSTON, MASS.—The annual meeting of the Boston Nurses' Club was held at the Club Rooms, 755 Boylston Street, on March 2nd.

These officers were re-elected: President, Dr. Cowant; first vice-president, Miss Dolliver, Massachusetts General Hospital; second vice-president, Miss Drown, Boston City Hospital; treasurer, Miss Smith, New England Hospital; secretary, Miss Shields, Massachusetts General Hospital; corresponding secretary, Miss Boswall, Boston City Hospital.

The new members-at-large are Miss Carney, St. Elizabeth's Hospital; Miss Tries and Miss MacCarthy, Boston City Hospital; and Miss Shaw, Massachusetts General Hospital.

After the transaction of business, there was an hour of pleasant social intercourse; coffee, cake and ice cream were served.

The necessity of awakening nurses to their responsibilities in their own organizations was clearly shown, by the return of eighty-three ballots out of a voting membership of two hundred and forty-one.

BROOKLYN, N. Y.—The annual meeting of the Graduated Registered Nurses' Association of the County of Kings was held on February 20th, in the Kings County Medical Building, the President, Miss Kurtz, in the chair.

Reports from various committees were read and accepted. The following

officers were elected for the ensuing year: President, Miss E. Kurtz; secretary, Miss M. Agness; treasurer, Miss D. M. McDonald. A very interesting paper by Mrs. Jennie Morgan Walters was read, on "Nursing in the Middle Classes." Much interest was shown and after some discussion on ways and means the meeting adjourned.

CHICAGO, ILL.—The regular meeting of Camp Nicholas Senn of Spanish American War Nurses was held on March 3rd, and after routine business was disposed of a talk ensued relative to the best way of entertaining the guests who shall be present at the annual meeting of Spanish American War Nurses to be held in Chicago, June 4th, 5th and 6th.

Mrs. Minteer, who is leaving the city, tendered her resignation as secretary and treasurer of the Camp. Mrs. J. Duncan Hammer will fill the vacancy.

The annual meeting and election of officers will be held on Tuesday, June 2nd at two-thirty P.M., in Mandel's Ivory Tea Room.

After hearing the report of the committee that corresponded with the War Department and talked with an army officer, well informed upon the subject of nursing in the army, both past and present, the Camp decided that matters are not at this time ripe for action.

The Nurse Corps is, the committee learned, recognized as an integral part of the army, but is neither enlisted nor commissioned, hence not amenable to the laws made for commissioned or enlisted soldiers. The conclusion drawn by the Camp from the report is that the Nurse Corps is an unique organization still in a formative state. The relation of nurses to hospital management in civil hospitals has reached its present satisfactory status after a quarter century of experience. The Camp feels that army nursing will never be at its best until the same relation exists between the medical staff and nurses as exists between these two factors in civil hospitals; but that it will take time and patient, tactful work to bring about that satisfactory state of affairs.

It was decided, for the present, to cease active work, but to keep a watchful eye out for an opportunity to put in an entering wedge for the proper organization of the Army Nurse Corps.

Army Nurses have to learn that practice after graduation, whether in private or in hospital (civil or military), is but a continuation of their education and need to abandon the notion that they are now out of training—hence past discipline.

Training school discipline is as much a part of the education as is the operating room practice and should go with nurses into practice just as their surgical training goes with them.

The Army has to learn that the Nurses Corps is capable of self government and while, as a whole, it is the servant of the medical department, in ward and sick room, that it is a separate corps, which must be made sufficient unto itself, so far as discipline is concerned, before a success commensurate with that in civil hospitals can be attained by army hospitals. When this is grasped and put into practice it will benefit both army officers and chief nurses, and greatly improve the nursing service in the army—not only as to the work accomplished by the corps but as to the personnel of the corps.

We can not see wherein an increase in pay has much to do with improving the situation of the Nurse Corps. If an increase can be secured so much the

better for the nurses when matters right themselves, but to us, it does not seem at all a vital issue.

ELIZABETH PORTEUS MINTER, Secretary-Treasurer.

COLORADO SPRINGS, COL.—Miss Laura A. Beecroft, Pueblo's newly appointed member on the State Board of Nurse Examiners, gave a very interesting address on "New Avenues of Work for Nurses," at the monthly meeting of the Colorado Springs Nurses' Registry Association, held on March 4th. The members all expressed their satisfaction at having a new member on the State Board who, they know, stands for all that is best in the nursing profession.

DENVER, COL.—The annual meeting of the Trained Nurses' Association of Denver was held in the Young Women's Christian Association Building on March 2nd. The by-laws were amended to suit the growing needs of the association and the following officers were elected for the ensuing year: President, Miss Mary B. Eyre; vice-president, Miss Mary Gaffney; secretary, Miss Ada Merrick; assistant secretary, Miss Agnes Duff; treasurer, Miss Daisy M. Lebo.

DETROIT, MICH.—At the regular meeting of the Wayne County Graduate Nurses' Association, held on March 6th, the plans to establish a graduate nurses' central directory in Detroit, were completed. The following directors were appointed: Miss L. B. Durkee, Miss D. L. Breese, Mrs. E. Mahon, Miss M. Blue, Miss S. E. Sly, Mrs. L. E. Gretter, Miss Frances Drake, Miss Rachel Mulheron, Miss Bessie Severance, Miss C. P. Vanderwater. Miss Agnes G. Deans was chosen registrar of the directory. The Wayne County Graduate Nurses' Association, the board of directors, and the registrar aim to make this one of the many successful central directories which are in operation throughout the country.

DETROIT, MICH.—The annual meeting of St. Mary's Hospital Alumnæ Association was held on February 13th and the following officers were elected: President, Mrs. W. L. Mahon; first vice-president, Miss Teresa Martin; second vice-president, Miss Emma Francis; recording secretary, Miss Alice McAdams; corresponding secretary, Miss Agnes M. Dowd, 29 Henry Street; treasurer, Mrs. Freeman Graveline.

FALL RIVER, MASS.—The regular monthly meeting of the Nurses' Alumnæ Association was held March 4th. There was a good attendance. Mrs. George L. Richards read several selections which were much enjoyed, after which light refreshments were served and a social half-hour followed.

NEW YORK, N. Y.—At the February meeting of the Bellevue Nurses' Alumnæ Association there was an animated discussion as to the advisability

of receiving only registered nurses in the Bellevue Alumnæ Registry for Nurses. As this Alumnæ stands for Registration such would appear to be the only logical action.

ROCHESTER, N. Y.—The regular quarterly meeting of the Rochester Homeopathic Hospital Training School Alumnæ Association was held, with a large number in attendance, at the hospital, on Tuesday evening, February 4th, Miss Elizabeth Weber presided. The names of six candidates proposed for membership were accepted.

It was voted to send a notice of the death of Eva Niesz, who expired in the hospital in January after a long and severe illness, to THE AMERICAN JOURNAL OF NURSING.

It was suggested that social meetings be held between the regular business meetings. The first of these took place on February 27th.

Miss Julia Bailey read a very interesting paper on her travels abroad last year. Recitations, by Miss Jean Edmonds, of California, who was visiting in the east, followed. Light refreshments were served, and all voted the first social meeting a success.

SAVANNAH, GA.—The Alumnæ Association of Park View Sanitarium held meetings in February which were well attended. Officers for the coming year are: President, Mrs. M. S. Morel; vice-president, Miss C. A. Mathiack; secretary and treasurer, Mrs. E. C. Westcott; chairman arrangement committee, Miss H. Schwalbe. The social meeting was an exceptionally pleasant one. Several interesting papers were read on "Our Association," "Our Aim," and "An Unusual Case in a Nurses' Experience." Then a very interesting talk was given by Dr. J. L. Hiers.

PERSONALS

MISS ELLA M. BOWE, R.N., graduate of the Manhattan Training School for Nurses, class of 1904, has recently resigned as charge nurse.

MISS TORA ABEL, graduate of Hahnemann Hospital, Chicago, is spending March and April at St. Augustine, Florida, with a patient.

MISS SARA WEINBERGER, class of 1906 of the Jewish Hospital, Philadelphia, has taken charge of the City Hospital, East Liverpool, Ohio.

MISS FRIDA L. HARTMAN, R.N., secretary of the New York State Association, will take up private duty in New York City on April 1st.

MISS NELLIE HALL, class of 1902, Butterworth Hospital, Grand Rapids, Michigan, has been appointed superintendent of Noble Hospital, Westfield, Massachusetts.

MISS ELSIE TURNER, graduate of the New York Hospital, has resigned her position at the Babies' Hospital, New York, and has taken one in connection with the School for Crippled Children.

On March 3rd, Governor Buchtel of Colorado appointed Miss Laura A. Beecroft, superintendent of nurses, Minnequa Hospital, Pueblo, a member of the State Board of Nurse Examiners to fill the vacancy which occurs on April 19, 1908.

Miss Mayme Groves, head nurse of "Maplewood," Dr. Norbury's Sanatorium, Jacksonville, Illinois, is taking a graduate course at the Sheppard and Enoch Pratt Hospital, Baltimore, for the purpose of learning the methods used in that hospital of keeping mental records and of giving hydrotherapeutic treatments.

Miss Rebecca R. Halsey, class of 1900 of the Jewish Hospital, Philadelphia, sailed on March 10th for Hankow, China, when she will engage in nursing under the auspices of the American Missions. Miss Halsey was secretary and treasurer of her alumnæ association for four years. She will be greatly missed by her friends and classmates.

Miss Mary Ana MacKenzie, a graduate of the Massachusetts General Hospital Training School, 1901, has been appointed Chief Lady Superintendent of the Victorian Order of Nurses for Canada and enters upon her duties at once at Ottawa, Ontario.

Miss Agnes S. Ward, who succeeds Miss Pindell as superintendent of nurses at the Metropolitan Hospital, is a graduate of that training school, and has also taken graduate work at the Brookline Hospital. She spent three years in the Congo Free State doing missionary work. She has done private nursing, and has been assistant superintendent at the Metropolitan Hospital since 1903, a position she has filled with great success; and her present appointment gives pleasure to all concerned.

Miss Helen W. Kelly, recently assistant superintendent of nurses at the Illinois Training School, Chicago, has accepted the position of superintendent of nurses at the County Hospital, Milwaukee, Wisconsin. Miss Ellen V. Robinson, recently secretary of the directory of the Illinois Training School has given up the position and is succeeded by Miss Isabel Lauver. Misses Marie Peterson, Cora Kohlsaat, and Mary Kennedy have recently been appointed to service at Cook County Detention Hospital for the Insane.

Miss Gertrude Montfort has resigned her position as superintendent of the Santa Fe Hospital, Los Angeles, California. Miss Montfort has been interested in this hospital since the foundation was laid, and gave much of her self and her time to having its work carried on successfully. She is a woman with the highest ideals for the profession. She aimed for a standard in her work as superintendent of the Santa Fe Hospital and secured one, and it was a standard to be proud of. She sacrificed her position for the dignity of the nursing profession, and to keep her own self-respect.

Miss Caroline Marques, R.N., has recently resigned her position as superintendent of the Mission Hospital, Asheville, North Carolina. During her successful management the hospital has more than doubled its capacity, being the second largest in the state. Miss Marques has also conducted a registry and has been very impartial in her dealing with the nurses, who presented her

with a very handsome present in acknowledgement of their love and appreciation. Miss Bingley of Washington, D. C., has been chosen to succeed Miss Marques. Miss Laxton, R.N., has charge of the training school, the pupils having a very nice home, in a Colonial house adjoining the hospital. A dietitian has been engaged to instruct the nurses.

BIRTHS

A son, to Mrs. Brown, formerly Miss Belle Miller, assistant superintendent of nurses, Hahnemann Hospital, Chicago.

On December 28th, a daughter, to Mrs. Edward DeWitt Smith, formerly Miss Clair Sanderson, class of 1905, Jewish Hospital, Philadelphia.

On January 20th, at Elwood, Indiana, a son, to Mrs. C. C. Cotton, formerly Miss Stella Everingham, class of 1894, Jewish Hospital, Philadelphia.

On March 3rd, at LaGrange, Illinois, a daughter, to Mrs. T. I. Christopher, formerly Miss Daisy Racine, graduate of Hahnemann Hospital, Chicago.

MARRIAGES

On January 30th, Miss Jessie Annis, class of 1895, the New York Hospital, to Mr. Frank Harroun.

On January 22nd, Miss Ella Fligg, graduate of the New York Hospital, to Mr. George Sengel, of Port Smith, Arkansas.

On March 4th, at Chatham, Ontario, Miss Katie G. Wemp, class of 1902, Lakeside Hospital, Cleveland, Ohio, to Mr. William A. Coltart.

On February 12th, at Detroit, Michigan, Miss Josephine Ryan, graduate of St. Mary's Hospital, to Mr. John A. Burke. They will live at Niagara Falls, New York.

On January 8th, at Toledo, Ohio, Miss Mary Urban, graduate of St. Mary's Hospital, Detroit, to Mr. Timothy Dawson, of Elkhart, Indiana. Miss Urban was one of the King's Daughters Nurses in charge of tuberculosis work in Toledo.

OBITUARY

On February 22nd, Miss Emma Stern, class of 1897, Methodist Episcopal Hospital, Philadelphia.

On February 29th, at the Massachusetts General Hospital, Boston, Miss Carrie Dodge Hall, class of 1906, died suddenly of meningitis. She was a private nurse and was caring for a patient when her own illness began.

On January 24th, at the City Hospital, Wilkes-Barre, Pennsylvania, Miss Margaret Porter, class of 1893. Miss Porter had filled the position of book-

keeper and clerk at the hospital for the last ten years and had been kindly cared for by her sister nurses and friends during her frequent attacks of illness.

On November 9, 1907, Miss Isolette V. Jefferson, class of 1895, St. Luke's Hospital, Denver, Colorado, died in Oakland, California, of cancer of the pancreas. She was one of the pioneer nurses of her Training School, a member of its Alumnæ Association, and her loyalty to her Alma Mater, St. Luke's, was unfailing. She belonged at one time to the Army Nurse Corps.

Always interested in reform, during the last few years of her life she devoted herself to Theosophical prison work.

Miss Jefferson bore the suffering incident to her illness with indomitable courage. She was a good nurse, and possessed great mental ability, as well as energy and warm sympathies, to which her many good deeds bear witness.

HOSPITAL AND TRAINING-SCHOOL NOTES

THE trustees of the Hospital of the Good Shepherd in Syracuse have sent out a strong appeal for funds for the building of a nurses' home which has been for some time a crying need of the institution.

THE following class of nurses was graduated recently from St. Joseph's Hospital, St. Paul, Minnesota: Miss Mattie Gleason, Miss Katherine Morgan, Miss Ida Lantz, Miss Matilda Graba, Miss Margaret Cassidy, Miss Josephine Pryor, Miss Elsa Kuntz, Miss Lucile Kieren, Miss Mae Watson, Miss Anna Hansley.

THE graduating exercises of the class of 1908 of the S. R. Smith Infirmary Training School for Nurses were held on the evening of March 25th in the Farrar Home, followed by a reception. The members of the class are: Ruth L. Whittier, Salena Schuhmacher, Agnes M. Goodsell, Eliza B. Brownell, Alma I. Thompson, Robina Thomson, Jessie N. Willans, Blanche Hyslop, Nora Reed, Catharine E. Shaw, Marguerite C. LeJeune, Eva M. S. Brown.

THE dean of the College of Medicine of the University of California requested the San Francisco County Nurses' Association to choose three members of the nursing profession to serve on an advisory training school board for the University of California Hospital in San Francisco. Those chosen are Miss Geneveive Cooke and Miss Sophia L. Rutley of the San Francisco County Association and Miss Katharine Fitch of the Alameda County.

ON March 6th, the opening of the Crerar wing of the nurses' home, Illinois Training School for Nurses, Chicago, was celebrated by a large afternoon reception to graduates and friends, when the entire building, fresh from the hands of the renovators and furnishers, was thrown open for inspection. Two of the new rooms were furnished by graduates; the guest room, in mahogany, by Mrs. Clara Sanford Lockwood of Pasadena; and the directory room, in oak, by the class of 1901. In the evening occurred the annual senior class musicale.

THE graduating exercises of the State Hospital of the Northern Anthracite Coal Region of Pennsylvania were held in Scranton, Pennsylvania, where the hospital is located, on the evening of March 12th in Guernsey Hall, which was filled to overflowing. The class of sixteen is the first to complete the three years' course and is the largest that has graduated. An address was made by Bishop Hoban. The diplomas were presented by Col. Ezra H. Ripple,

president of the board of trustees. Later in the evening there was dancing. The graduates are: Phoebe L. Anderson, Josephine M. Berge, Amy N. Box, Irene M. Coolis, Maria English, Jeanette A. Edwards, Katherine B. Herman, Martha L. Hendricks, Nora I. Healey, Edna J. Long, Eleanor Lawrence, Katherine L. Moore, Margaret Price, Jeanette Phillips, Sarah A. Rutledge, Kathryn A. Vetter.

HOPE HOSPITAL TRAINING SCHOOL FOR NURSES, Fort Wayne, Indiana, held its commencement exercises on February 23rd and 24th. At the baccalaureate services the graduates were addressed on The Supreme Life. On Monday evening, impressive exercises took place. During the evening two young ladies dressed in the school colors, blue and white, presented the graduates with the flowers which had been sent for them, and gave Mrs. Fournier, from the class, The History of Nursing by Miss Nutting and Miss Dock. After the exercises a banquet was given by the pupils of the training school to the faculty, executive board, graduates and friends.

The following evening the alumnæ gave a reception to the graduates, whose names are as follows: Miss A. L. Cannon, Mrs. Lillian A. Edgerly, Miss Eliza P. Reid, Miss Margaret Fohey, Miss May M. Heath, Miss Margaret Frysinger, Miss Elizabeth M. Holland, Miss Elsie B. Deacon, Miss Marjorie Hall, Mrs. Edith A. Resler.

THE annual graduating exercises of the Indianapolis City Hospital Training School for Nurses were held in Clinic Hall on February 6th.

The hall was handsomely decorated in the school colors, lavender and white, and never looked more beautiful than when, to the strains of Hart's band the pupil nurses led the way into the pit, followed by the members of the graduating class very becomingly dressed in white uniforms, each wearing a small bunch of violets.

Dr. J. L. Freeland, superintendent of the hospital, acted as chairman of the evening, first introducing Rabbi Feurlicht, who delivered the commencement address. This was followed by a musical program and the presentation of diplomas by Mayor Bookwalter. Following the exercises in Clinic Hall a reception was held in the Nurses' Home.

Following are the names of the graduates: Martha E. Smith, Viola C. Smith, Artie E. Fisher, Mary B. McIlvain, Anna M. Gant, Mary E. Davis, Lucy M. High, Bertha J. Pember, Blanche E. Neff, Lula R. Davis, and Gertrude G. Medlin.

THE graduating exercises of the Massachusetts General Hospital Training School for Nurses were held on the evening of March 11th in the Out-patient Department of the hospital. The address was given by the Rev. Francis G. Peabody. Dr. Henry P. Walcott, chairman of the Board of Trustees, presented the diplomas. Twenty-three nurses received diplomas for the three years' course of training and five graduates of the McLean Hospital Training School received diplomas on completing the thirteen months' post-graduate course. Graduates, three years' course: Margaret C. Curley, Marie Cunning-

ham, Christena M. Cook, Grace L. Ranney, Fanny F. Pickup, Esther Roy, Jean C. Cartwright, Margaret Griffin, Frances R. Barlow, Mary A. Oakes, Jane G. MacRae, Florence E. Merrill, Florence G. Hibbard, Georgiana Rodgers, Jenny C. Fletcher, Margaret Hoare, Corinne M. Bolton, Kathryn F. Murnane, Maude H. J. Harwood, Emma B. White, Mary P. Jameson, Annie M. Jarvis, Edna M. Winters. Thirteen months' postgraduate course: Annie F. Coy, Ethel B. Davis, Lillian C. Thompson, Ella M. Tompkins, Lillian J Ward.

THE POST-GRADUATE, of December, 1907, contained the following article by Dr. D. B. St. John Roosa, who has recently died.

THE LESSENING OF THE TERM OF PUPILAGE FOR TRAINED NURSES

As is known to those of our readers who are interested in Training Schools for Nurses, one of the great hospitals of our city, the New York Hospital, the pioneer of hospitals in this metropolis, has lessened the term of pupilage of nurses from three years to two. This has been termed a reaction in training schools, by some of the advocates of the change, and we certainly deem this a proper name. It is, in our judgment, a reactionary method, and involves all that term usually implies. Reaction is an arrest of progress, a backward tendency, as Webster defines it. The reaction, as far as New York is concerned, has not gone very far, only two hospitals having lessened the term of instruction; and we are not in possession of any information that leads us to think that the other hospitals are likely to follow the example of the New York and Roosevelt hospitals. In the defence of the retrograde movement, the view is taken in the paper before us (The Reaction in Training School Method by George P. Ludlam, Superintendent of New York Hospital) that the curriculum of the training schools is needlessly elaborate and that the course of instruction is crowded with that which could not be thoroughly taught and properly assimilated; that many subjects presented have no particular relation to nursing, and so on.

If those statements were entirely correct there would indeed be ground for a radical change. That they are true the superintendent of the New York Hospital evidently believes, and hence he defends the change that has been made in the venerable and honored institution of which he is the chief executive officer. In this capacity Mr. Ludlam has had a very successful career; so that what he says about hospitals should be received with respect.

But the Post-Graduate has not found it to be true in our own training school that the course of training is needlessly elaborate and unpractical, while many authorities assure us that it is not a correct statement, of others in our city where three years is the term of pupilage. The Post-Graduate began with the term of two years and continued this for several years; but for the last nine years we have had a term of three years, with what seems to our authorities a great advantage to the efficiency of the nurses that we send out. The term of three years is not used to fit nurses in materia medica or anatomy, but to give them a thoroughly practical drill, as to the care of sick people. We aim to spare the doctor or surgeon from many details in his visits, which may detract from his ability to properly direct the treatment of the patient in hand, and also to save his time so that he may care for more patients. In early days,

even in New York City, the attending physician was often obliged to spend some of his already overburdened hours as a nurse, because the aid given him at homes and hospitals was inadequate. All that, the trained nurses of the twentieth century have changed for the better.

We aim to make the nurses of the Post-Graduate fully able to assist a surgeon in a great operation, and above all to get the patient ready for it; to aid a physician in all the excitement and weariness of typhoid or pneumonia cases, an orthopedic surgeon with his operations and his complicated dressings; an oculist with the after care of a case of cataract operation; an otologist with a mastoid; an obstetrician and finally to look after babies with their perplexing and innumerable needs. For all that, three years in the life of a young woman choosing a calling that may involve in later years the superintending of a training school or a hospital or similar responsibilities, is certainly not too much.

We are warmly in favor of all that is said in the pamphlet before us, about cropping off excrescences in teaching and returning to simple methods in whatever schools it may be necessary, not only as to training schools for nurses, but also to all educational institutions where, as in the New York public schools, too many subjects are undertaken, so that the little scholars sometimes fail in "the weightier matters of the law," and do not know how to read, write and spell. But we have no sympathy for *shortening the term* as a remedy for any evil of this kind which may exist in a training school or other institution. From what we have seen of training schools we cannot agree that the simple methods of instruction are neglected as archaic and primitive, or that training schools have changed their vocation to "become institutions for the higher education of women along medical lines." This is a bogey that in our judgment exists chiefly in the minds of those who do not have very high ideas of nursing. Trained nurses generally have been becoming better for years, and much of their improvement, to our mind, is due to to a sufficiently prolonged period of study, not of books, but of patients. The exactions in their training in hard intelligent work over the patients have become so great, that no ordinary young woman ought to be asked to crowd that work into as short a space of time as two years. Besides this, those who train them have in the third year a valuable class of the survival of the fittest, who become very useful in their last year to the hospital which they serve. Under the present system critical cases may always be cared for by a woman of experience. The highest good of patients, and the advance of medical science will, we believe, be sacrificed or retarded by any general adoption of the lessening of the term for the training of nurses.

A New Deposit of Radium.—*The Medical Record* says: A Swiss newspaper is authority for the statement that Prof. Joly, in examining specimens of the strata collected from the borings for the Simplon tunnel, found rich traces of radium, indicating large deposits of the mineral. The presence of the radium, he believed, accounted for the unusual heat experienced in constructing the tunnel.

PRACTICAL SUGGESTIONS

When travelling, I would put my hat in a paper bag for protection and then in a calico bag for convenience.

S. A. M.

One thing that my patients have appreciated very much has been my putting roses in boxes at night, well sprinkled, just as they come from the florist. Kept in a cool place, they will be fresh and dewey in the morning, the drooping stems rested, and unfolding retarded. Many of the waxy varieties also do well in boxes at night, but it macerates flowers of the daisy family.

S. F.

Someone asked in the Journal for a remedy for nervousness and sleeplessness in patients. I find that if a patient is able to sit up, a Scotch douche is excellent. It is administered as follows. Get the patient ready for bed, then let her sit on the side of a tub and pour first hot and then cold water down her spine, repeat this several times and rub the back briskly.

Another suggestion is to give hot chocolate or racahout.

L. T.

Miss LaMoyne's paper on tuberculosis spoke of the occupations of convalescent patients, one being the washing of milk bottles. Bottled milk is often insisted on by doctors and nurses as a protection against impurity and contamination, while others say the bottles are a means of carrying contagion. As a remedy, I have heard suggested the use of paper bottles, made from sterile paper and destroyed as soon as used. If it were possible to have these bottles it would be a means of avoiding the use of those washed by tubercular patients.

S. G. H., R.N.

For Travellers: Add a glass of jam or marmalade to the lunch basket.

Butter is easily carried in a jelly glass with tin cover.

Small lacquer trays make good plates and are light to carry.

Buy a silver-plated teaspoon at a ten cent store; if it is lost it is easily replaced.

I. P.

FOR LUNCHEONS: Chicken in any form does not keep well for an overland trip. Cold boiled meat, well seasoned, cut in thin slices, is delicious, also fresh boiled eggs, which can be carried nicely in candy boxes filled with oatmeal. Home-made stuffed dates and walnuts rolled in sugar keep well and give all the necessary sweets one wants.

I. R.

I HAVE found in travelling long distances that it is the relishes we long for, and that cost so much in the dining car. Here is a luncheon a party of us used on a long trip: Rolls and bread, not buttered, as the butter sinks into the bread and does not taste as fresh, it can be carried in a small glass jar; cold chicken; devilled eggs; home-made potato chips; evaporated cream; coffee; tea; chocolate; crackers; oranges and other fruits; cake, especially spice cake, as it keeps fresh for a week; olives; pickled beets; apple sauce; nut meats; mayonnaise dressing; grape fruit meat. All of these could be put into little glass jars with screw tops, such as peppermint sticks come in. Green cucumbers and lettuce, washed and wrapped in wet cloths, will keep cool and fresh and are fine for both sandwiches and salad. Tin cups, tin spoons, and a sharp case knife are useful and easily carried. The grape fruit, nuts, and fresh apples with the mayonnaise dressing make a delicious salad.

S. A. M.

SOMEWHERE I have read the following question: "Is it advisable for a nurse doing private work to have her own fountain syringe?"

I say no. Like most nurses, fresh from the hospital, I used to carry a syringe of my own, but a few years' time taught me it was a filthy habit, for few of us would like to have a syringe used for us, that had been used on a dozen or more cases, of all kinds, even if it had been thoroughly disinfected. There are very few patients who cannot afford to get one, if necessary.

But to be ready, in case of emergency, I always carry with me a rubber tube about three feet in length, a very small funnel, and several nozzles. The funnel and nozzle may be used with safety more than once, but I always destroy the tube and get a new one. This tubing can be bought for a few cents a foot, at any drug store.

E. J. H.

"THIS is the first time I ever sewed up a cervix on a sewing machine," said a doctor at the end of an operation, yesterday.

At the moment I was too busy to appreciate the pun, but it struck me hard later, and I pass it on for the amusement of my sister nurses.

Preparing for an operation in a small apartment, the dining table was found too big and clumsy and the kitchen table too small and light. Besides these, there were only small stands and a sewing machine. I suggested the latter. The doctor shook his head, but the bright young husband quickly dropped the extension, a leaf from the dining table was laid on to cover the place where the works were dropped in, a rough portiere being folded and put between to prevent slipping, and we had a tip top operating table and the cervix was "sewed up on the sewing machine."

"Did you ever think what a fine sterilizer a fish boiler would make?" a lawyer once asked me.

I never had, but I did then, and promptly bought one at small cost, which won much approval when it came up stairs with the instruments in the bottom and needles and other small articles in the cups which supported the perforated shelf, on which towels and dressings had been steamed.

The dealer of whom I bought it was an old friend, and I told him its purpose. He looked at it a moment, meditatively, and said,

"I have been making sterilizers to order for doctors at six dollars each and this beats them all out."

Needless to say this was before sterilizers were so plenty.

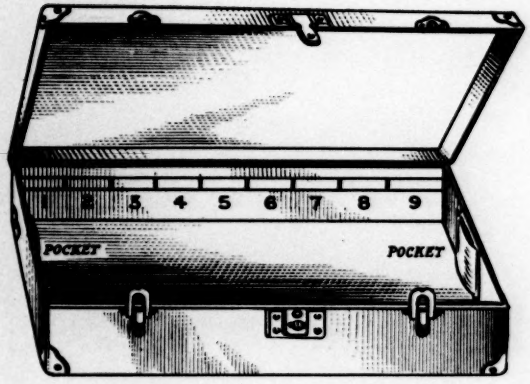
ELLEN BERTHA BRADLEY, R.N.

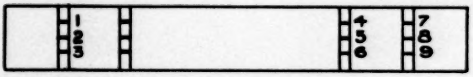
IN my private nursing, especially in long cases, I have found that the capacity of my suit-case is often greatly taxed in order to carry all the needful things for myself and patient. I finally found that the following arrangement helped out this difficulty to a great extent, and also that all my small nursing utensils could be carried safely and conveniently, while taking up little space.

I bought two yards of tape (linen color to match the lining of my suit-case), I tacked this lengthwise on the back, inside of the suit-case. I then fastened down this strip at intervals, leaving spaces just large enough to slip my different articles in and to hold them firmly in the sections, as illustrated.

On the opposite, or front, side, I tacked the tape vertically, placing the strips about four inches apart, and putting the tacks in each strip the same distance apart. This gives me small spaces in which I can slip my small articles such as thermometer, drinking-tube, catheter, etc.

At each end of the suit-case I made two pockets, about six inches long, of linen colored cambric with a flap which buttons over. In these I carry pins, safety-pins, thread, thimble, needles and the like.





FRONT INSIDE

Articles carried in back of case

1 Bottle of carbolic 3 iii
2 Hypodermic case
3 Medicine glass
4 Bottle of bichloride tablets
5 Surgical scrub brush
6 Feeding cup
7 Bottle of alcohol 3 iii
8 Roll of absorbent cotton

Articles carried in front of case

1 Glass drinking tube
2 Glass catheter
3 Thermometer
4 Douche nozzle
5 Enema nozzle
6 Pocket knife
7 Medicine dropper
8 Scissors (surgical)
9 Lead pencil

Another plan which I have found helpful is that I have written out a list of things I always need to carry in my suit-case, including a list of my own nursing clothes, as uniforms, aprons, etc. This list I pasted into the inside of the lid. Now I need only look at my list and see that the contents of my case correspond and I know I have everything with me, before starting out.

L. C. H., R.N.

I HAVE found that the old-fashioned lap-board (such as dress-makers use) is an excellent support for the tray of dishes to rest on, for a convalescent patient who is able to sit up in bed and eat her meals.

L. C. H., R.N.

A TRAVELLER'S EXPERIENCE.—Being a private nurse, I plead guilty to the charge made in the March JOURNAL, that as a rule we prefer reading other nurses' experiences and opinions, to writing our own.

Having taken the trip from Boston to the Pacific coast last June, I have read the suggestions of the Editor of the JOURNAL to those nurses who intend going to San Francisco, with much interest. The ground has been so well covered that I have little to add, except my own personal experiences. I bought, beside my railroad ticket, a ticket for the tourist sleeping-car, over the Canadian-Pacific R. R. with the understanding that if I wished to do so, I could change into the Pullman-car by paying a little extra money, after leaving Montreal. The weather was hot and our car was full, but my fellow-passengers were, for the most part, a nice class of people, and we had a good porter. Let me say right here, make a friend of the porter, fee him liberally if necessary, as during the trip, he holds your comfort in the hollow of his hand.

Before starting, I had provided myself with a box of crackers, a box of beef capsules, a bottle of malted milk, a salt-shaker and tin saucepan, all of which fitted into a tin box which I placed in my dress-suit case. As I was travelling alone, I went to the dining car for my breakfast, which cost from fifty to sixty cents; and for my dinner, which cost one dollar. Both the food and service were excellent. In the middle of the day, I heated some water on the stove that is at the end of every tourist compartment and made a cup of beef tea or malted milk, which, with some crackers, made my luncheon. I carried two large paper bags, in the one I placed my hat and in the other the suit I wore on leaving home. An old thin silk dress proved the greatest comfort while travelling on the train.

Crossing the prairie, the scenery is inclined to be monotonous as the country is perfectly flat. As a rule towns built on the prairie are unattractive, owing to the absence of trees, which is very marked. You get a glimpse of the great lakes and by waking at day-break I saw Lake Superior, which is a wonderful sheet of water.

We reached Winnipeg at eleven o'clock at night, so that all I saw of the city was the very fine railway station, which was literally packed with emigrants. Everywhere train loads of emigrants were speeding west, such a train being easily distinguishable by the peculiar and horrible odor of "the great unwashed" which in time you learn to carefully avoid.

Before reaching the mountains an observation car is attached to the train, the glass sides affording an excellent view of the mountain scenery which I shall not attempt to describe. No one having seen those impressive heights can ever doubt the hand of the Creator and the words of the psalmist recur with greater force than ever before, "I will lift mine eyes to the hills, from whence cometh my help."

The building of a railroad through such a section of country is one of the marvels of modern engineering. While climbing to the summit our train had four engines attached to it, one ahead pulling and one in the rear pushing, with the other two in the middle of the train. The track is built very near the edge of the canyon and one shudders to think of the possibility of an accident in that locality. Scattered through the mountain fastnesses and surrounded by magnificent scenery are several fine hotels built by the Canadian Pacific Railroad at which the train stops long enough to allow the hungry pasengers to enjoy a good dinner. The service, being either Japanese or Chinese, is excellent. Banff, Field and Glacier are considered the most attractive resorts in the mountains and one is inclined to linger among those lovely bits of nature and rather regrets the necessity of getting on the train promptly when the signal is given. Vancouver, the end of the line of railroad, is a thriving town, with big department stores, fine public buildings and handsome parks and with its bustling business energy is very much like an American city, and there, as elsewhere, the railroad has built a fine hotel, The Vancouver, where we were glad to avail ourselves of all those comforts that a modern civilization provides. The following day I took the boat at one o'clock for Victoria, and the weather being fine the trip of four hours proved delightful on the Princess Victoria, a very fine boat whose daily trip connects Vancouver with Victoria, which city is built on the Island of Vancouver and is surrounded by the Pacific ocean. The city is typically English and has a

charm all its own, being beautified by its magnificent trees and wealth of shrubs and flowers; each house has land about it sufficient for a garden and roses were growing everywhere, such roses as one never sees except on the Pacific coast. Their spring being much earlier than ours, the grass is burned yellow by mid-summer from lack of rain. The climate, however, is delightful, as they have no extremes of heat or cold.

By the courtesy of one of their leading surgeons, I witnessed three operations at the Jubilee Hospital, one an appendicitis occupying just twelve minutes. I was greatly impressed by the skill and celerity of the operating surgeon. The hospital, like many of our own, is in need of money and the linen, towels, etc., were of coarse quality, but the technical work as done by the operating nurse and her assistant was excellent. The operating surgeon, Dr. Ernest Hall, two years ago when a passenger on the S. S. Ivernia operated on one of the passengers in mid-ocean, who was on arriving in this port, sent to the Massachusetts General Hospital, and who recovered to bless modern surgery done under such trying conditions. St. Joseph's (Roman Catholic) Hospital is a handsome modern building, splendidly equipped for the care of the sick and beautifully situated on a hill in the centre of the city.

The trained nurses have their alumnæ associations and like their eastern sisters they are hoping for registration and other changes which they see are needed in nursing. I must not forget to mention that one of the operations which I saw was conducted with open anæsthesia, the patient, a man of about fifty years, apparently not suffering, as the surgeon proceeded to operate until he complained of thirst when chloroform was given.

After spending eight delightful weeks among dear friends, I said good-bye to Victoria, hoping that some day I might return.

M. A. MacQuarrie.

Koch to Visit this Country.—*The Medical Record* states that in a recent interview Professor Robert Koch, who returned to Berlin a short time ago, after eighteen months' sojourn in Africa studying sleeping sickness, is reported as having announced his intention of taking a year's rest in travel, beginning with the United States. He is quoted as saying that he intended to leave for this country the end of March or early in April.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

The History of Nursing

Some months ago, and before the book was ready for sale, "The History of Nursing" was reviewed in the pages of this magazine, from the printer's proof. The completed book with all its finishing touches, illustrations, etc., has since then appeared in the market and we are keenly interested in its reception by the profession and the public. Miss Dock and Miss Nutting are to be congratulated. The book is the consummation of two years of uninterrupted toil on the part of one of the collaborators, part of the time being spent abroad, ransacking archives and libraries, and digging up old records for material, while the other worker has for fifteen years devoted every moment of her leisure time to collecting, arranging, and verifying data. They have reason to be proud of the result of their labors. The book is given with a promise that contains a threat; if these volumes are well received the work is to be continued by a history of modern nursing. It is a common fault with nurses, that the rank and file look to a few active spirits, to carry on the enterprise of the profession. This particular piece of enterprise must be supported by the appreciation and coöperation of every member of the nursing profession to ensure its success. Far more important than the financial success of the book, is that it should be incorporated into the educating influences, brought to bear upon the character of every nurse who leaves her Alma Mater, strengthened and fully equipped, with the training that is to make her the perfectly turned-out article that the standards of the times require. She will be lacking in some respect of her development if she does not make herself acquainted with the "History of Nursing." We advise that it be read, marked, learned and inwardly digested. The words of the authors' preface convey in a way that cannot be improved upon what the book ought to be to the nurse: "The modern nurse, keenly interested as she is in the present and the future of her profession, knows little of its past. She loses both the inspiration which arises from cherished tradition, and the perspective which shows the relation of one progressive

movement to others. Only in the light of history can she clearly see how closely her own calling is linked with the general conditions of education and of liberty that obtain—as they rise, she rises, and as they sink she falls."

A Text-Book of Minor Surgery. By Edward Milton Foote, A.M., M.D., Instructor in Surgery, College of Physicians, Columbia University; Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon, New York City Hospital; Visiting Surgeon, St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospitals and Schools; formerly Chief Surgeon at the Vanderbilt Clinic. Illustrated by Four Hundred and Seven Engravings from Original Drawings and Photographs. D. Appleton & Company, New York and London.

Dr. Foote dedicates his book to his patients, to "The Man at the Point of the Knife, for his grit and patience and especially for his willingness to be photographed that others may profit by his misfortune." This is the unique feature of the book—the demonstration by means of photograph and drawing of every phase of minor surgery; truly the man at the point of the knife is prominent; he confronts us from every page of the book or very nearly, and well has he earned the compliment indicated in the dedication.

Dr. Foote takes his minor surgery seriously, and if any one needs conversion to Dr. Foote's ideas we recommend the reading of the book for the cure of this particular unbelief. From every page one has hints and reminders of the need of care for every scratch, bump or bruise. Those who are ignorant learn the grave possibilities of infections, secondary lesions, deformities, loss of sense and motion attending or resulting from the neglect or mis-care of minor injuries.

The three last chapters of the book are given to those subjects usually allied to minor surgery, operative technique, the roller bandage, and surgical dressings.

The Consumptives' Hospital of Boston has recently secured a beautiful site on the Conness estate in Mattapan, where a new hospital will some time be erected. In the meantime the Day Camp for tuberculosis patients has been removed there and the grounds made sanitary with proper drainage. This camp has been successfully carried on for two seasons on Parker Hill.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING MARCH 12, 1908

EDWARDS, CATHARINE, formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

GILMER, MARY FEARS, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HALLOCK, MARY H., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

MACDONALD, MARY D., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

RIORDAN, MARIE A., transferred from Division Hospital, Manila, to Fort William McKinley, P. I.

SANDERS, MINERVA A., formerly on duty at the Division Hospital, Manila, P. I., discharged.

SOLBECK, HANSINE K., formerly on duty at Fort William McKinley, Rizal, P. I., discharged.

SMITH, ETHEL IRENE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

SWEENEY, MARY AGNES, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

UNDERWOOD, ELEANOR, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

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